


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>P96 000092540</u>			
1. Corporation Name <u>Santalo Consulting, Inc.</u>			
2. Principal Office Address <u>391 Deer Run</u> Suite, Apt. #, etc.		3. Mailing Office Address Suite, Apt. #, etc.	
City & State <u>Miami Springs, FL</u>		City & State	
Zip <u>33146</u>	Country	Zip	Country
		4. Date Incorporated or Qualified To Do Business in Florida <u>11/12/1996</u>	
		5. FEI Number <u>650708513</u>	Applied For Not Applicable
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name <u>Albert C. Santalo</u>			
Street Address (P.O. Box Number is Not Acceptable) <u>11441 S.W. 27 Ave</u>			
Suite, Apt. #, Etc.			
City <u>Miami</u>		State <u>FL</u>	Zip Code <u>33156</u>
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.			
Signature of Registered Agent <u>Albert C. Santalo</u>		Date <u>6/1/05</u>	
REGISTERED AGENT MUST SIGN			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<u>COO</u>	<u>Allen Pacheco</u>	<u>391 Deer Run</u>	<u>Miami Springs, FL 33146</u>
10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate and my signature shall have the same legal effect as if made under oath.			
SIGNATURE: <u>Allen Pacheco</u>		Date <u>6/1/05</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

CR2E081 (01/05)

SANTALO CONSULTING, INC.

June 1, 2005

Florida Department of State
Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

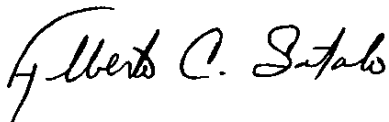
Re: Santalo Consulting, Inc.

To Whom It May Concern:

Please be advised that we never received the Annual Report pertaining to Santalo Consulting, Inc. 1998

Based on this fact we would like to request you wave the \$600.00 reinstatement fee.

Sincerely,



Alberto C. Santalo