

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
 James Harris
 Secretary of State
 DIVISION OF CORPORATIONS

1062

FILED

00 OCT 30 AM 8:26

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P98000032683

1. Corporation Name

SOUTH FLORIDA RESOURCES, INC.

Principal Place of Business

1032 LIDO COURT
 FORT LAUDERDALE FL 33326

Mailing Address

1032 LIDO COURT
 FORT LAUDERDALE FL 33326



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

04/08/1998

5. FEI Number

65-0825998

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City/State/Zip 4
VPD	LABRADO, REUBEN M	11832 S.W. 99TH STREET	MIAMI FL 33186
STD	CLASEN, MARK E	1032 LIDO COURT	FORT LAUDERDALE FL 33326
PD	ESCOBAR, ARMANDO	15731 SW 4 ST	MIAMI FL 33185
VPD	LEHTIO, JACOB	13030 SW 117 ST	MIAMI FL 33186
VPD	URRA, MARTIN	13341 SW 60 TERR	MIAMI FL 33183

8. Name and Address of Current Registered Agent

CLASEN, MARK E
 1032 LIDO COURT
 FORT LAUDERDALE FL 33326

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State FL Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Armando Escobar

REGISTERED AGENT MUST SIGN

Date 10/25/00

11. 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:

Armando Escobar
 ARMANDO ESCOBAR

10/25/00

Date

Daytime Phone #

CR2E040 (8/00)



NATIONAL WORKING FORCE, INC.
Self-Sufficiency, Personal Responsibility & Employment

A Partner of the



3625 N.W. 82nd Avenue, Suite 100, Miami, FL 33166 • Phone (305) 718-8060 • Fax: (305) 718-8020

Thursday, October 26, 2000

State of Florida
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: 2000 ANNUAL REPORT
South Florida Resources, Inc.

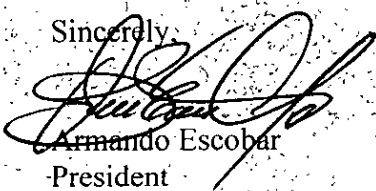
To Whom It May Concern:

Enclosed please find the Annual Report filing fee for South Florida Resources, Inc. We contracted your office twice in the last two months to request the 2000 Annual Report form, and we were notified that your department mailed the form to another address you had on file for us. Both our mailing and physical address is:

3625 NW 82ND Ave., Ste. 100
Miami, FL 33166

Please abate penalties for late filing as this was not a result of negligence on our part. The form was never received in our office, and we are making every effort to obtain the documentation and pay the fees involved.

Sincerely,


Armando Escobar
President