PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

Principal Place of Business

on this application is

739 Craidon Blvd. Unit



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

DIVISION OF CORPORATIONS

739 Grandon Blvd., Unit

FILED

99 DEC 20 PM 1:49

SECRETARY OF STATE TALLAHASSEE. FLORIDA

DOCUMENT # ? 1. Corporation Name

SAHORI VENTURES OF FLORIDA, INC.

Mailing Address

V CA D A	scayne, Th Jord	Rey DIS	саупе	,						_	
If above as	ddresses are incorrect in any way, line thro	ough incorrect in	formation	and enter correction	below I	EINST	ATI	EWENT	Ą	7	
	ncipal Office Address, If Applicable	3. New Mailir	na Office /	Address, If Applicable		4. Date Incorpo	orated or	Qualified			
	IM Registered Agents,	Inc c/o	ĂGIM	Registered	Agent	s, TINCBusin	ess in Flo	orida			
Suite, Apt. #		Suite, Apt. #,				L		10/28/98			
	rickell Avenue, Ste900			1 Avenue, S	te900	5. FEI Number)	Applied Fo	r
City & State		City & State	- ,	•	2	52-2	L27777	7		Not Applica	ıbl
Miami,	FL.	Miami,	FL.			6.	· -				
Zip	Country	Zip		Country		CERTIFICATI	OF STAT	US DESIRED 🗀 🚞	or a C		
<u>33131</u>	USA	33131		<u> </u>		L					
7. Names a	and Street Addresses of Each Officer and/	or Director (Flo	rida nonpr								
Title(s)	Name of Officers and/or Directors		3 (Street Addre Officer and/o Do NOT Use Post Of	r Director		4	City / S	tate / Z	ľip 	
D	Camilo Cano Busquets		739	Crandon Bly	d		Key	Biscayne,	FL	33131	
D I	Maria Jose Cano Busqu	739 Crandon Blvd.				Key	Biscayne,	FL	33131		
D	Ana Maria Busquets de Cano			739 Crandon Blvd.				Biscayne,	FL_	33131	
						60	100	103083 12/23/93	21	16()
							1	***759.60		**750.00	}
8. Name and Address of Current Registered Agent					Name and Address of New Registered Agent						
Adams, Gallinar, Iglesias & Meyer, P.A. 701 Brickell Avenue, Suite 2150					Name AGIM Registered Agents, Inc Street Address (P.O. Box Number is Not Acceptable)						
Miami, Florida 33131					1200 Brickell Avenue, Suite 900 Suite Apt. #, Etc.						
~ 101					City State Zip Code FL 33131						
10. I, being Signature o		ove named corp		n familiar with and ac					79		
Registered	Agent		SENT MU	ST SIGN		June June	- Date				
11. Th	nis corporation owes the	current y	year ue Ju	ne 30.	Yes	□ No □	<u> </u>	(See other s on int	ide for angible	information e (ax.)	

12. 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

ye and accurate, and my signature shall have the same legal effect as if made under oath

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

THE CANTION CANDO BUS OUT THE OFFICER OR DIRECTOR

(305) 416-6800

11.0