

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 JAN 30 AM 9:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P98000092011**

1. Corporation Name
**SANTA BARBARA BENDITA, INC.
3664 PALM AVENUE
HIALEAH, FL 33012**

000011157990
01/29/03--01024--001 **900.00

2. Principal Office Address **3664 PALM AVE**
3. Mailing Office Address **3664 PALM AVE**

REINSTATEMENT 02-03

Suite, Apt. #, etc.
HIALEAH

Suite, Apt. #, etc.

City & State
HIALEAH

City & State
HIALEAH

4. Date Incorporated or Qualified
To Do Business in Florida

Zip **33012** Country **USA**

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5. FEI Number **65-0872971**
Applied For Not Applicable

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

7. Name and Address of Current Registered Agent

Name **JORGE E. RODRIGUEZ**
Street Address (P.O. Box Number is Not Acceptable)
3664 PALM AVENUE
Suite, Apt. #, Etc.
City **HIALEAH** State **FL** Zip Code **3302**

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

REGISTERED AGENT MUST SIGN

Date **01/24/2003**

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
P	JORGE E. RODRIGUEZ	3721 SW 147 th AVENUE	MIRAMAR, FL 33027
VP	BARBARA R RODRIGUEZ	3721 SW 147 th AVENUE	MIRAMAR, FL 33027

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:

JORGE E. RODRIGUEZ, PRES. Date **01/24/03** Daytime Phone # **305822-1000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (10/02)