

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 NOV 12 PM 1:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
100002967451  
11/13/02--01057--026 \*\*908.75



REINSTATEMENT *02*

DOCUMENT # **P98000093715**

1. Corporation Name

**JOSE A. SANTOS, INC.**

Principal Place of Business

1055 PAPAYA STREET  
HOLLYWOOD FL 33019

Mailing Address

~~1055 PAPAYA STREET~~  
~~HOLLYWOOD FL 33019~~

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

~~410 SANDLER & ASSOCIATES~~

254 BRICK BLVD STE 5

BRICK NJ

08723

4. Date Incorporated or Qualified To Do Business in Florida

11/04/1998

5. FEI Number

58-2423939

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DPST.	SANTOS, JOSE A	1055 PAPAYA ST	HOLLYWOOD FL 33019

8. Name and Address of Current Registered Agent

KING, CLIFFORD M  
1800 SECOND STREET, SUITE 855  
SARASOTA FL 34236

9. Name and Address of New Registered Agent

Name **JOSE A. SANTOS**  
Street Address (P.O. Box Number is Not Acceptable)  
**1055 PAPAYA STREET**  
Suite, Apt. #, Etc.  
City **HOLLYWOOD** State **FL** Zip Code **33019**

CR2E040 (8/01)

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 *Jose A Santos* Date 11-5-02  
REGISTERED AGENT MUST SIGN

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: *Jose A Santos* **JOSE A. SANTOS** (954) 923-0745  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #