

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 NOV 19 PM 1:41

DOCUMENT # P98000100324

1. Corporation Name

SANDOKAN, INC.

Principal Place of Business

7787 S.W. 86 STREET
E-401
MIAMI FL 33143

Mailing Address

7787 S.W. 86 STREET
E-401
MIAMI FL 33143

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/02/1998

5. FEI Number

65-0922639

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
PST	RODRIGUEZ, TOMAS E	7787 S.W. 86 STREET, E-401	MIAMI FL 33143

4000004703024-8

-12/03/01--01085--015

****150.00 ****150.00

8. Name and Address of Current Registered Agent

RODRIGUEZ, TOMAS E
7787 S.W. 86 STREET, E-401
MIAMI FL 33143

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

11/14/01

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/14/01

Daytime Phone #

CR2E040 (8/01)

SANDOKAN, INC.

**7787 SW 86th Street, E-401
Miami, Florida 33143**

November 14, 2001

Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, Florida 32314-6327

RE: Document #P98000100324
2001 Annual Report

Dear Sir/Madam:

As per your advice, enclosed please find a resigned copy of the application for reinstatement of our corporation along with another check in the amount of \$150.00.

As per our phone conversation the original document was properly submitted along with the \$150.00 payment on April 20, 2001, and since we are constantly on the road we were not aware of any problems until we received this application for reinstatement.

Kindly update our corporation to reflect an active status throughout the year 2001.

Sincerely,



Tomas E. Rodriguez

enclosures