

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**APPLICATION  
FOR  
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 JAN 31 PM 4:00

Read Instructions on Other Side Before Making Entries  
Make Check Payable To: **Department of State**

1. Name and Mailing Address of Corporation: **DOCUMENT #P99000025825**

**SOUTH FLORIDA THRIFT CORPORATION  
11015 NE 8 COURT  
BISCAYNE PARK, FL 33161**

2. If Address in Block 1 is incorrect in any way, enter the correct address below:

Address  
**421 NW 32 STREET**

City and State Zip Code  
**MIAMI, FL 33127**

3. If Principle Office Address is different from mailing address, enter address below:

Address  
**SAME**

City and State Zip Code

4. Date Incorporated or Qualified To Do Business in Florida  
**03/22/99**

5. FEI Number  
**65-0913020**

FEI Number Applied For  
FEI Number Not Applicable

6. **\$8.75 Additional Fee required for a Certificate of Status**

CERTIFICATE OF STATUS DESIRED ☐

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	ORLANDO CABEZA	421 NW 32 STREET	MIAMI, FL 33127

200004917212--3  
-02/13/02--01104--011  
\*\*\*\*300.00 \*\*\*\*300.00

**REGISTERED AGENT INFORMATION**

8. Name and Address of Current Registered Agent

**ORLANDO CABEZA  
11015 NE 8 COURT  
BISCAYNE PARK, FL 33161**

9. If changed, new registered agent / office

Name  
**ORLANDO CABEZA**

Street Address (Do NOT Use P.O. Box Number)

**421 NW 32 STREET**

Street Address (Do NOT Use P.O. Box Number)

City  
**MIAMI**

State  
**FL.**

Zip  
**33127**

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

REGISTERED AGENT MUST SIGN

Date **01/23/02**

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐ (See other side for information on intangible tax.)

13. 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., and that all fees owed by the corporation have been paid. 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 of Officer or Director

Date **11/23/01**

Daytime Phone **(305) 992 6940**

Typed or printed name of signing officer or director

CR2E040 (B/92)

2 of 2

**SOUTH FLORIDA THRIFT CORPORATION**  
421 NW 32 Street  
Miami, FL 33127

November 15, 2001

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

Re: UBR Report for 2000-1  
Doc# P99000025825

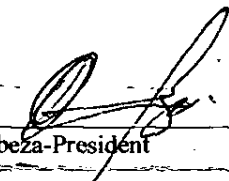
Dear State Representative:

Please allow this letter to serve as statement that we never received the first request for the \$150 annual for neither 2000 nor 2001 UBR Report. We did moved since the company originally started but all address were forwarded. To our knowledge, we have not had any problems with our mail.

Please accept this completed reinstatement UBR form for the both years along with a check totaling \$300 to cover both annual fee. If our explanation does not suffice then consider this our request for an abatement of penalties.

Thank you in advance for your consideration and understanding in regards to this matter.

Sincerely,

  
X  
Orlando Cabeza-President

Enclosure

Enclosure