

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**

**Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

**FILED**

**01 MAR 19 PM 4:37**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DOCUMENT #** P99000046233

**1. Corporation Name**

San-Sal Consulting, Corporation

**700003929267--0**  
-03/29/01--01057--014  
\*\*\*\*900.00 \*\*\*\*900.00

<b>2. Principal Office Address</b>		<b>3. Mailing Office Address</b>	
1601 Forum Place, Ste. 1101		1601 Forum Place, Ste. 1101	
Suite, Apt. #, etc. 1101		Suite, Apt. #, etc. 1101	
City & State West Palm Beach, Florida		City & State West Palm Beach, Florida	
Zip 33401	Country USA	Zip 33401	Country USA

**REINSTATEMENT 0-01**

<b>4. Date Incorporated or Qualified To Do Business in Florida</b>	
May 20, 1999	
<b>5. FEI Number</b> 65-0920456	<b>Applied For</b> Not Applicable
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>	

**7. Name and Address of Current Registered Agent**

Name

William J. Marell, Esquire

Street Address (P.O. Box Number is Not Acceptable)

1601 Forum Place, Suite 1101

Suite, Apt. #, Etc.

Suite 1101

City

West Palm Beach

State

FL

Zip Code

33401

**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 3-9-01

**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
PD	Anthony N. Deluca	Foopje No. 114 Bloc B	San Salvador, El Salvador
STD	Sanford D. Blank	170 N. Ocean Boulevard St. 204	Palm Beach, Florida 33480
VD	Jonathan F. Blank	336 West Wind Court	Norwood, NJ 07648

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sanford D. Blank, President

Date

Daytime Phone #

CR2ED81 (9/00)