

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

2. Principal Office Address		3. Mailing Office Address	
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

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

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: [Signature] Date: 3-9-01

REGISTERED AGENT MUST SIGN

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] Date: 3-9-01 Daytime Phone #: 561 478-1111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Sanford D. Blank, President

CR2ED81 (9/00)