


# 2004 FOR PROFIT CORPORATION REINSTATEMENT

**DOCUMENT # P99000049420**

1. Entity Name  
**SANCOR DAIRY CORPORATION**



FILED  
05 JAN 27 PM 2:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business      Mailing Address  
200 S. BISCAYNE BLVD., 4100 FLOOR      200 S. BISCAYNE BLVD., 4100 FLOOR  
MIAMI, FL 33131      MIAMI, FL 33131

2. Principal Place of Business      3. Mailing Address  
80 SW 8th ST      2699 S. Bayshore DR.  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
2060      4th FL

City & State      City & State  
Miami, FL      Miami, FL

Zip      Country      Zip      Country  
33130      USA      33133      USA

4. FEI Number      Applied For  
**65-0924405**      Not Applicable

5. Certificate of Status Desired       \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**CORPORATE INTERNATIONAL REGISTERED AGENTS INC.**  
**HOME CORPORATE SERVICES, INC.**  
200 S. BISCAYNE BLVD., 41 FLOOR  
MIAMI, FL 33131

7. Name and Address of New Registered Agent  
**NOTE: NAME CHANGE - PLEASE JUST THE NAME**

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

City      **FL**      Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Hernan Gabriel Tevez*      DATE: **1/14/05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2005, Fee will be \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TEVEZ, HERNAN GABRIEL	NAME	Jorge Andres Strika
STREET ADDRESS	200 SOUTH BISCAYNE BLVD., 41ST FLOOR	STREET ADDRESS	80 SW 8th ST # 2060
CITY-ST-ZIP	MIAMI, FL 331312398	CITY-ST-ZIP	Miami, FL 33130
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	600043743976
STREET ADDRESS		STREET ADDRESS	02/04/05--01013--026 **150.00
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	600043743976
STREET ADDRESS		STREET ADDRESS	12/30/04--01044--004 **150.00
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Hernan Gabriel Tevez*      Date: **12-20-04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

REINSTATEMENT

04-05