

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS**

DOCUMENT # P99000106830

1. Corporation Name

Santorini of Key Biscayne, Inc.

2. Principal Office Address - No P.O. Box #

9607 N.W. 33 St.

Suite, Apt. #, etc.

3. Mailing Office Address

9607 N.W. 33 St.

Suite, Apt. #, etc.

City & State

Miami & FL

City & State

Miami & FL

Zip

33172

Country

USA

Zip

33172

Country

USA

7. Name and Address of Current Registered Agent

Name

Eduardo Gaitan

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

9607 NW 33 St.

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33172

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the

**Signature of
Registered Agent**

X Gloria Mendoza

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least one officer)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director
D/P/S	Gloria Mendoza	9607 N.W. 33 Street

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as to this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfied, and the debts owed by the corporation have been paid and the names of individuals listed on this form do not qualify for reinstatement. The information on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Gloria Mendoza

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

07 APR -5 AM 8:56

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 05-07

CR2E081 (1/07)

4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number <u>151000179</u>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

<p>7. Name and Address of Current Registered Agent</p> <p>Name <u>Eduardo Gaitan</u></p> <p>Street Address (P.O. Box Number is Not Acceptable) <u>91601 NW 33 st.</u></p> <p>Suite, Apt. #, Etc.</p>		
City <u>Miami</u>	State <u>FL</u>	Zip Code <u>33172</u>

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

<p>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.</p> <p>Signature of Registered Agent  REGISTERED AGENT MUST SIGN</p> <p>Date <u>March 28 107</u></p>																															
<p>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</p> <table border="1"> <thead> <tr> <th data-bbox="233 1389 177 1417">Titles</th> <th data-bbox="177 1389 618 1417">Name of Officers and/or Directors</th> <th data-bbox="618 1389 1059 1417">Street Address of Each Officer and/or Director</th> <th data-bbox="1059 1389 1486 1417">City / State / Zip</th> </tr> </thead> <tbody> <tr> <td data-bbox="233 1417 177 1476">D/P/S</td> <td data-bbox="177 1417 618 1476">Gloria Mendoza</td> <td data-bbox="618 1417 1059 1476">9607 N.W. 33 Street</td> <td data-bbox="1059 1417 1486 1476">Miami, Florida 33172</td> </tr> <tr> <td data-bbox="233 1476 177 1535"></td> <td data-bbox="177 1476 618 1535"></td> <td data-bbox="618 1476 1059 1535"></td> <td data-bbox="1059 1476 1486 1535"></td> </tr> <tr> <td data-bbox="233 1535 177 1596"></td> <td data-bbox="177 1535 618 1596"></td> <td data-bbox="618 1535 1059 1596"></td> <td data-bbox="1059 1535 1486 1596">1-800-335-4426-1 04/10/07--01032-023 **1050.00</td> </tr> <tr> <td data-bbox="233 1596 177 1655"></td> <td data-bbox="177 1596 618 1655"></td> <td data-bbox="618 1596 1059 1655"></td> <td data-bbox="1059 1596 1486 1655"></td> </tr> <tr> <td data-bbox="233 1655 177 1714"></td> <td data-bbox="177 1655 618 1714"></td> <td data-bbox="618 1655 1059 1714"></td> <td data-bbox="1059 1655 1486 1714"></td> </tr> <tr> <td data-bbox="233 1714 177 1774"></td> <td data-bbox="177 1714 618 1774"></td> <td data-bbox="618 1714 1059 1774"></td> <td data-bbox="1059 1714 1486 1774"></td> </tr> </tbody> </table>				Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	D/P/S	Gloria Mendoza	9607 N.W. 33 Street	Miami, Florida 33172								1-800-335-4426-1 04/10/07--01032-023 **1050.00												
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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 contained in Chapter 119, 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.

SIGNATURES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1

Daytime Phone

RS4