

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**FILED**

98 DEC -4 PM 6:46

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT # S96325**

1. Corporation Name  
**SANCHO INVESTMENTS OF FLORIDA, INC.**

Principal Place of Business	Mailing Address
501 BRICKELL KEY DR SUITE 400 MIAMI FL 33131 US	501 BRICKELL KEY DR SUITE 400 MIAMI FL 33131 US



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		11/25/1991	
City & State		City & State		5. FEI Number	
Zip		Country		65-0302208	
				Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	

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
D	LEIBOVICIUS, JACOB	501 BRICKELL KEY DR, SUIT 400	MIAMI FL
S	SLOSBERGAS, NELSON	501 BRICKELL KEY DRIVE, SUITE 40	MIAMI FL

**REINSTATEMENT** 98 B 12/17/98

500002707875--2  
 -12/09/98--01102--006  
 \*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

SLOSBERGAS, NELSON  
 501 BRICKELL KEY DR  
 SUITE 400  
 MIAMI FL 33131

9. Name and Address of New Registered Agent

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 Suite, Apt. #, Etc. \_\_\_\_\_  
 City \_\_\_\_\_ State **FL** Zip Code \_\_\_\_\_

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  **FE REQUIRED** Date 12/2/98  
 REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes  No  (See other side for information on intangible tax.)

12. 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:  **FE REQUIRED** Date 12/2/98 Daytime Phone # 305-374-0030  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (9/98)