

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

paper 1/2

APPLICATION FOR



FLORIDA DEPARTMENT OF STATE
Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P0000073598**
 1. Corporation Name
SERVICES AMERICA CLUB, CORP.

FILED
 02 OCT 28 PM 2:31
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
 7758 NW 44TH STREET 7758 NW 44TH STREET
 SUNRISE FL 33341 SUNRISE FL 33341



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
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. Date Incorporated or Qualified To Do Business in Florida **07/31/2000**
 5. FEI Number **59-3659907** Applied For Not Applicable
 6. CERTIFICATE OF STATUS DESIRED \$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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	MARTINEZ, PABLO	2640 N. OBT	KISSIMMEE FL 34744
1VPD	BLUM, ANA	7758 NW 44TH STREET	SUNRISE FL 33351
2VPD	PESTANO, ANTOLIN JR. ARAMINTA OYALA	7758 NW 44TH STREET	SUNRISE FL 33351
3VPD	Tomas A. BLET	7758 NW 44 STREET	SUNRISE FL 33351
4VPD	AIDA COOK	7758 NW 44 STREET	SUNRISE FL 33351

8. Name and Address of Current Registered Agent
PESTANO, ANTOLIN JR.
 7758 NW 44TH STREET
 SUNRISE FL 33351

9. Name and Address of New Registered Agent
 Name **ANA BLUM**
 Street Address (P.O. Box Number is Not Acceptable)
7758 NW 44 ST
 Suite, Apt. #, Etc.
 City **SUNRISE** State **FL** Zip Code **33351**

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. or 617.0505, F.S.
 Signature of Registered Agent *[Signature]* **SIGNATURE REQUIRED** Date **10/23/02**
 REGISTERED AGENT MUST SIGN

11. 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]* **SIGNATURE REQUIRED** **ANA BLUM** **10/23/02**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/02)

Payer

SERVICES AMERICA CLUB, CORP.

October 23, 2002

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

Dear Sir or Madam:

Please know that we never received the UBR for 2002. Please consider this fact and waive the additional Penalties. I add here a check for \$150.00. I believe that is the amount I would have paid had I received the UBR on a timely basis.

Sincerely,



Pablo Martinez
President

Page 2 of 2

SUMMIT TELECOM
687 NORTH BISCAYNE RIVER DRIVE
MIAMI FLORIDA 33169

To whom it may concern,

Please find enclosed a check for \$150.00. Please accept this renewal payment on document # P01000081432.

We realize that our payment deadline was missed marginally this was due to the fact that our renewal request was sent to an old address as can be seen on enclosed copy.

Please accept our assurance that this oversight will not be repeated.

CECIL VINCENT

Cecil Vincent