

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 SEP 30 AM 9:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400136489324
09/30/08--01030--009 **1050.00

DOCUMENT # P0100009375

P0100009375

1. Corporation Name

SAUSALITO HOLDINGS, INC., a Florida corporation

REINSTATEMENT 06-08

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

4400 PGA BOULEVARD

3. Mailing Office Address

Suite, Apt. #, etc.

SUITE 800

Suite, Apt. #, etc.

City & State

PALM BEACH GARDENS, FL

City & State

Zip

33410

Country

US

Zip

Country

CR2E081 (12/07)

**4. Date Incorporated or Qualified
To Do Business in Florida**

9/25/01

5. FEI Number

52-2346714

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

J. RICHARD HARRIS, ESQUIRE

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

4400 PGA BOULEVARD

Suite, Apt. #, Etc.

SUITE 800

City

PALM BEACH GARDENS

State

FL

Zip Code

33410

☐ 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.

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

J. Richard Harris
REGISTERED AGENT MUST SIGN

Date

9/29/08

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
P/D	FEDERICO AVIDANO	4400 PGA BOULEVARD SUITE 800	PALM BEACH GARDENS, FL 33410
S/T, VP/D	CECILIA AGOSTINI DE AVIDANO	4400 PGA BOULEVARD SUITE 800	PALM BEACH GARDENS, FL 33410

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.

SIGNATURE:

Federico Avidano
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
FEDERICO AVIDANO, PRESIDENT

Date

Sept 18 / 2008

Daytime Phone #

09/10/11