

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 22 PM 6:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PA0000077511
1. Corporation Name
Saga Bay Development, Inc.

Principal Place of Business Mailing Address
5860 S. W. 45th Terrace
Miami, Florida 33155

REINSTATEMENT 98 00

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

2. New Principal Office Address, if Applicable <u>235 Sidonia Avenue</u>		3. New Mailing Office Address, if Applicable		4. Date Incorporated or Qualified To Do Business in Florida <u>September 16, 1996</u>	
Suite, Apt. #, etc. <u>Suite 311</u>		Suite, Apt. #, etc.		5. FEI Number <u>65-0710900</u>	
City & State <u>Coral Gables, Florida</u>		City & State		Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
Zip <u>33134</u>	County <u>Dade</u>	Zip	Country	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
Pres/Sec.	Mario Fernandez	235 Sidonia Ave., Suite 311	Coral Gables, FL 33134
			000002725550--4 -12/29/98--01087--027 ****750.00 ****750.00

8. Name and Address of Current Registered Agent Mario Fernandez 5860 S. W. 45 Terrace Miami, Fla 33155		9. Name and Address of New Registered Agent Name Mario Fernandez Street Address (P.O. Box Number is Not Acceptable) <u>235 Sidonia Avenue</u> Suite, Apt. #, Etc. <u>Suite 311</u> City <u>Coral Gables</u> State <u>FL</u> Zip Code <u>33134</u>	
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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 Mario Fernandez (MARIO FERNANDEZ) Date 12/18/98
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)(f), 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: Mario Fernandez 11/24/98 (305) 446-1331
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR28240 (1/98)