| | DI EASE DEAD | - ۱۸۱ ۵ اما ۱۸ | TOUCTIO | SMC | | OMDLET: | INO TUIO E | ODM • |
|---|---|--|--|----------------------|---|--|--|--|
| APPLICATION APPLICATION APPLICATION BEINSTAT MENT PLEASE READ ALL INSTRUCTIONS B FORIDA DEPARTMENT Sandra B. Morth Secretary of State DIVISION OF CORPORAT | | | | | IT OF STATE ham late | ··· | | |
| DOCUMENT # P9600058059 | | | | | | 97 NOV 24 PM 4: 10 | | |
| 1. Corporation Name SANGAR ENTERPRISES, INC. | | | | | | SECRETARY OF STATE TALLAHASSEE. FLORIDA | | |
| 1040 NW. 128 PLACE 1040 | | | ng Addross N-W_128 PLACE II FL 33182 | | | | | |
| 2. New Prin | incipal Office Address, If Applicable | augh incorrect information and enter corrections. New Malling Office Address, If Applications in the Address of | | | | Date Incorpor To Do Busin | orated or Qualified less in Florida | 07/10/1996 |
| Suite, Apt. (7389 City & State | "NW 5471 Sr | Suite, Apt. # | , etc. | | | 5. FEI Number | | Applied For |
| Zip 33 1 | MIANI . 12. 33166 | Zip | | Country | | 6. CERTIFICATE | OF STATUS DESIRED | Not Applicable \$8.75 Additional Fee required for a Certificate of Status |
| * * | and Street Addresses of Each Officer and/ | l or Director (Flo | orida nonprofit o | corporati | ons must list at l ea | st 3 directors) | | Total Certificate of Status |
| Title(s) | (s) and/or Directors 3 (Do NOT | | | | eot Address of Each ficer and/or Director se Post Office Box Numbers) | | 4 | City / State / Zip |
| D SANGUINO, JAVIER 1040 N.W. 128 P | | | | | | MIAMI FL 33182 | | |
| D | Paez, Carlos 2 | | | 2201 TAIL FEATHER CT | | | ШТ г . Fl. 33649 | |
| D ACOSTA, PEDRO | | | 2201 T | AIL FEATHER CT | | | lutz. Fi. | 33549. |
| | | | | | | 60 | | :573367 9701005018 5.00 ****175,00 |
| 8. Name and Address of Current Registered Agent | | | | | | 9. Name and Address of New Registered Age it | | |
| SANGUINO, JAVIER 1040 N.W. 128 PLACE MIAMI FL 33182 | | | | | Street Address (P.O. Box Number is Not Acceptable) Sulte, Apt. #, Etc. | | | |
| | | | | | City | | | State 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 Date Date Date Date Date Date Date Dat | | | | | | | | |
| 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. | | | | | | | | |
| SIGNAT | TURE: _ SIGNATURE AND TYPE DOT PRIN | LECT NAM OF | SIGNING OFFIC | R OR DII | RECTOR | | 28 97 | 305-888-0809 |

Sangar Enterprises, Inc.

Cargo Services

MIAMI, NOVEMBER 20 1.997

DIVISION OF CORPORATIONS ANNUAL REPORT / REINSTATEMENT SECTION TALLAHASSEE, FLORIDA

DEAR SIRS:

THIS LETTER IS TO ASK YOU TO REINSTATE SANGAR ENTERPRISES INC. AS A CORPORATION; I DID NOT RECEIVE THE PREVIOUS NOTICE WITH THE CHECK BECAUSE WE CHANGED OUR ADDRESS. PLEASE RECEIVE THE CHECK OF US \$ 175.00 FOR THE REINSTATEMENT OF THE CORPORATION.

OUR NEW ADDRESS IS: 7389 NW 54TH ST MIAMI, FL. 33182

THANKS FOR YOUR COOPERATION.

PRESHIENT.