

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Katherine H. ...
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 FEB -3 PM 1:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000089335

1. Corporation Name

SANGAR IMPEX, Inc

2. Principal Office Address

1040 NW 128th PLACE

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33182

Country

USA

3. Mailing Office Address

1040 NW 128th Pl.

Suite, Apt. #, etc.

City & State

MIAMI FL 33182

Zip

33182

Country

USA

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

10/20/98

5. FEI Number

65-0870099

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

200003136432-4

Name

JAVIER SANGUINO

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

1040 NW 128th Pl.

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33182

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. Sanguino
REGISTERED AGENT MUST SIGN

Date

1/31/2000

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
PRES	PABLO A. SANGUINO	1040 NW 128th Pl	MIAMI, FL 33182
SEC	PABLO J. SANGUINO	1040 NW 128th Pl	MIAMI, FL 33182
			100003136441-6 -02/16/00--01003--010 ****300.00 ****150.00
			1/LS

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 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:

J. Sanguino
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/31/2000

Daytime Phone #

305-591-0053