

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 559378

1. Corporation Name

Sajo Trading Co., Inc.

2. Principal Office Address

100 Sunrise Avenue

Suite, Apt. #, etc.

610E

City & State

Palm Beach FL

Zip

33480

Country

US

3. Mailing Office Address

380 North Broadway

Suite, Apt. #, etc.

302

City & State

Jericho NY

Zip

11753

Country

US

REINSTATEMENT 12-05

CR2E081 (8/05)

I. Roberts

DEC 21 2005

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

2/9/1978

5. FEI Number

59-1871867

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

Ronald Kochman, Esq

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

222 Lakeview Avenue

Suite, Apt. #, Etc.

Suite 950

City

West Palm Beach

State

FL

Zip Code

33401

400062296824
12/22/05 01051 010 40305 00

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

[Signature]

Date 12/16/05

REGISTERED AGENT MUST SIGN

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
D,P	Saul Kramer	100 Sunrise Ave Apt 610E	Palm Beach FL 33480
D,VP	Robert Kramer	1233 N. Gulfstream Blvd	Sarasota FL 34236
D, VP	Kathie Rudy	35 Whitman Road	Great Neck NY 11023
S, T	Laurence Wald	54 Richfield Street	Plainview NY 11803

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/15/05

Date

516-390-5115

Daytime Phone #