

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 753477

1. Corporation Name

SAGA APTS., INC.

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

201 E. Ocean Avenue

Suite, Apt. #, etc

Suite 7

City & State

Lantana, FL

Zip

33462

Country

USA

3. Mailing Office Address

201 E. Ocean Avenue

Suite, Apt. #, etc.

Suite 7

City & State

Lantana, FL

Zip

33462

Country

USA

7. Name and Address of Current Registered Agent

Name

EDWARD DICKER, ESQ.

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

1818 Australian Avenue South

Suite, Apt. #, Etc.

Suite 400

City

West Palm Beach

State

FL

Zip Code

33409

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

Edwin Dicker

REGISTERED AGENT MUST SIGN

Date

5/27/10

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	Karl Lindroos	201 E. Ocean Avenue, Ste. 7	Lantana, FL 33462
V	Leo Juden	201 E. Ocean Avenue, Ste. 7	Lantana, FL 33462
S/T	Nina Lindroos	201 E. Ocean Avenue, Suite 7	Lantana, FL 33462

10. E-mail Address:

(To be used for future annual report notification)

11. 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. I further certify, 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:

Edwin Dicker

Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 25, 10

Date

561 588-1707

Daytime Phone #

FILED

10 JUN -1 PM 12:46

DATE: 5/27/10

800181572248

06/01/10--01068--017 **481.25

REINSTATEMENT

CR2E081 (4/10)

06-10

4. Date Incorporated or Qualified
To Do Business in Florida

07/24/1980

5. FEI Number

592563179

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

PROFIT CORPORATIONS ONLY

☐ The \$600.00 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.

6/3/10