

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 JAN 21 AM 11:41

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 845156

1. Corporation Name

SAATNAM CORPORATION, N.V.
407 LINCOLN ROAD - Suite 708
MIAMI BEACH, Florida 33139

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

407 LINCOLN ROAD

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

708

Suite, Apt. #, etc.

City & State

MIAMI BEACH

City & State

Zip

33139

Country

FLORIDA

Zip

Country

U.S.A.

CR2E081 (11/08)

4. Date Incorporated or Qualified
To Do Business in Florida

02/05/1980

5. FEI Number

59-2093498

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

Shevak Chatani

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

407 LINCOLN ROAD

Suite, Apt. #, Etc.

708

City

MIAMI BEACH

State

FL

Zip Code

33139

☐ The 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.

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

Shevak Chatani REGISTERED AGENT MUST SIGN

Date JAN. 15th, 2010

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Hareesh Chatani	1601 West 47 th Ct.	MIAMI BEACH, FL. 33140
D	Kishu Chatani	2285 North Meidian Ave.	MIAMI BEACH, FL. 33140
D	PRAKASH Chatani	21 Millsborough Crescent	KINGSTON 6, JAMAICA

REINSTATEMENT

700166202447
01/21/10--01003--019 **1650.00

04-1072 1/21/10

10. E-mail Address: rochel.mah @ aol.com

(To be used for future annual good 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-538-4971