


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS**

**FILED**

03 MAY -1 AM 8:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F36888

\$300

1. Corporation Name

Sagrans Asset Subsidiary Inc.

2. Principal Office Address

3850 N. Causeway Blvd

Suite, Apt. #, etc.

#800

City & State

Metairie LA

Zip

70002

Country

US

3. Mailing Office Address

3850 N. Causeway Blvd

Suite, Apt. #, etc.

#800

City & State

Metairie, LA

Zip

70002

Country

US

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

5. FEI Number

59-2098503

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

CT Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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

Barbara A. Burke

SPECIAL ASSISTANT SECRETARY

Date

4-28-03

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
Pres/Dir	Bart Palmisano, Sr.	3850 N. Causeway Blvd #800	Metairie LA 70002
Sec/Dir	Bart Palmisano, Jr.	3850 N. Causeway Blvd #800	Metairie, LA 70002
Treas	Thomas Sandeman	3850 N. Causeway Blvd #800	Metairie, LA 70002

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)(f), 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:

Bart Palmisano, Jr.

Bart Palmisano, Jr.

Date

4-16-03 504-834-4392

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CP25001 (10/02)



April 16, 2003

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Sagrans Asset Subsidiary, Inc.  
Document #F36888

To Whom It May Concern:

Enclosed please find a Corporation Reinstatement form along with the \$300 fee for processing for the above referenced corporation. We would like for you to review this document and consider waiving the reinstatement fee due to the fact that we never received our UBR report to fill out for 2002.

Actually, we have five corporations within your state and we haven't received our UBR report for any of them as of this date for this year either. I've printed them all online, but I'm just trying to point out that this seems to be an ongoing problem, which I'm trying to keep on top of by using your online services.

Thank you for your consideration.

Sincerely,

A handwritten signature in black ink that reads "Wendy Blanchard". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Wendy Blanchard

/wb  
Enclosure