

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H09351

1. Corporation Name

• SAULT MANAGEMENT COMPANY

2. Principal Office Address

520 Brickell Key Dr.

Suite, Apt. #, etc.

Apartment 1616

City & State

Miami, FL

Zip

33131

Country

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

FILED

07 FEB -8 AM 8:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100088454701

02/16/07--01001--002 **2108.75

REINSTATEMENT 98-07

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59 2534096

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

Kenneth F. Claussen

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

2199 Ponce de Leon Blvd

Suite, Apt. #, Etc.

Suite 301

City

Coral Gables

State

FL

Zip Code

33134

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

Kenneth F. Claussen

Date

2.5.07

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
P	Mercedes Cabrera	520 Brickell Key Dr.	Miami, FL 33131
S/D	Mario J. Cabrera	Apt 1616 same	

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 contained in Chapter 119, 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:

Mario J. Cabrera

Mario J Cabrera

2.5.07

305-444-8807

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/12