PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAR 31 AM 11:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03-04

800031512088
03/30/04--01065--007 **750.00

DOCUMENT # L99958

**1.** Corporation Name
SASARI LIMITED, INC.

| **2.** Principal Office Address | **3.** Mailing Office Address |
|---|---|
| 6800 SW 56 Street | 6800 SW 56 Street |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: MIAMI, FLORIDA | City & State: MIAMI, FLORIDA |
| Zip: 33155 Country: USA | Zip: 33155 Country: USA |

**4.** Date Incorporated or Qualified To Do Business in Florida: SEPTEMBER 4,1990

**5.** FEI Number: 65-0224862 ☐ 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: MIGUEL G. FARRA

Street Address (P.O. Box Number is Not Acceptable): MORRISON, BROWN, ARGIZ & COMPANY, LLP

Suite, Apt. #, Etc.: 1001 BRICKELL BAY DRIVE, 9th FLOOR

City: MIAMI State: FL Zip Code: 33131

**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 _____ Date _____

REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

**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 |
|---|---|---|---|
| PD | FERNANDEZ-LARRAZ, JULIO | 6800 SW 56 STREET | MIAMI, FLORIDA 33155 |
| | | | |
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| | | | |
| | | | |
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**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:** _____ JULIO LARRAZ MARCH 12/04 305 6653334

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

# MORRISON, BROWN, ARGIZ

Certified Public Accountants ⊕ COMPANY, LLP

November 3, 2003

Division of Corporation
Annual Report/Reinstatement Section
PO BOX 6327
Tallahassee, FL 32314-6327

Re: Sasari Limited, Inc.
Document # L99958
EIN # 650224862

Dear Sirs:

Please be advised that Sasari Limited, Inc. has not received the two prior uniform business report (UBR) notices in the mail due to a change of address:

| Old Mailing Address | New Mailing Address |
|---|---|
| 6767 SW 67 Street | 6800 SW 56 Street |
| Miami, FL 33143-3107 | Miami, FL 33155 |

Please note that their new mailing address is the same as the principal place of business address.

Enclosed is the Certificate of Reinstatement along with a check payable to the Florida Department of State in the amount of $750.00.

If you have any questions, please do not hesitate to contact us.

Very truly yours,

Morrison, Brown, Argiz & Company, LLP

Miguel G. Farrá, CPA, JD
Partner

MGF:smo

Enclosures

cc: Julio Larraz