

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

2001 UBR

FILED

01 OCT 18 PM 2:13

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

192

DOCUMENT # P00000008909

1. Corporation Name

SARJAR, INC.

Principal Place of Business

1616 NE 16 AVENUE
 FORT LAUDERDALE FL 33305

Mailing Address

1616 NE 16 AVENUE
 FORT LAUDERDALE FL 33305



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

01/27/2000

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	RABEN, SCOTT	1616 NE 16 AVENUE	FORT LAUDERDALE FL 33305
			100004671011--6 -11/07/01--01061--002 ***150.00 ***150.00
			LS

8. Name and Address of Current Registered Agent

RABEN, SCOTT
 1616 NE 16 AVENUE
 FORT LAUDERDALE FL 33305

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State **FL** Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date 10-15-01

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 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:

[Signature] Scott A. Raben 10-15-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/line Phone #

CR2E040 (8/01)

2012

October 15, 2001


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

To Whom It May Concern:

I have just received a "Notice of Administrative Dissolution or Revocation" from your offices and regarding the Corporation known as SARJAR, Inc. and more specifically Document # P00000008909. I think there must be a mistake because this is the first notice that I have received regarding SARJAR, Inc. I am on the board of another Florida Corporation and am aware of the filing of annual reports and did in fact receive and file for that Corporation. I offer this as the only proof available that I do not take this responsibility lightly and that should I have received the request for Annual Report 2001, it would have most certainly been filed and the appropriate fees paid.

I have tried calling your offices only to receive instructions on how to proceed and therefore I am enclosing a check in the amount of \$150.00 with the hopes that SARJAR, Inc. will remain in full force and effect. Should you need to contact me at my offices, I can be reached at (954) 537-1000.

Sincerely,



Scott A. Raben
President SARJAR, Inc.