

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P00000020193

1. Corporation Name

SAGON COMPANY

Principal Place of Business

4366 PINE RIDGE CT.
WESTON FL 33331-5027

Mailing Address

4366 PINE RIDGE CT.
WESTON FL 33331-5027

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

2. New Principal Office Address, If Applicable

185 SE 14th Terrace

Suite, Apt. #, etc.

2403

City & State

MIAMI

Zip

33131

Country

FLORIDA

3. New Mailing Office Address, If Applicable

185 SE, 14th Terrace

Suite, Apt. #, etc.

2403

City & State

MIAMI

Zip

33131

Country

FLORIDA

4. Date Incorporated or Qualified
To Do Business in Florida

02/25/2000

5. FEI Number

65-0989552

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	GONZALEZ, CLAUDIO A	4366 PINE RIDGE CT.	WESTON FL 33331
D	SAPUTELLI, FABRIZIO	4366 PINE RIDGE CT.	WESTON FL 33331

200004717432143

-12/10/01-0114-011

***750.00 ***750.00

8. Name and Address of Current Registered Agent

GONZALEZ, CLAUDIO A

4366 PINE RIDGE CT.

WESTON FL 33331-5027

9. Name and Address of New Registered Agent

Name

Gonzalez, Claudio A

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

185 SE 14th Terrace

Suite, Apt. #, Etc.

2403

City

MIAMI

State

FL

Zip Code

33131

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

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

11/14/2001

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:

DIRECTOR

11/14/2001 (305) 5331135

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #