

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 JAN 18 AM 11:49

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P00000053991

1. Corporation Name

SJUGGERUD CAPITAL, INC.

2. Principal Office Address

888 Brickell Ave

Suite, Apt. #, etc.

5th Floor

City & State

Miami, Florida

Zip

Country

33131

USA

3. Mailing Office Address

888 Brickell Ave

Suite, Apt. #, etc.

5th Floor

City & State

Miami, Florida

Zip

Country

33131

USA

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

5/25/2000

5. FEI Number

None

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

Marcell Felipe, Esq.

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

888 Brickell Avenue, 5th Floor

Suite, Apt. #, Etc.

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 607.0503 or 617.0503, F.S.

Signature of
Registered Agent

Marcell Felipe

Date

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
D	Steven Sjaggerud	888 Brickell Ave, 5th FL	Miami, Florida 33131

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:

Steven D Sjaggerud
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/3/01
Date

904-491-7785
Daytime Phone #