

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**

2017



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

17 OCT -5 AM 9:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000072124

1. Corporation Name

Sarrett Development Corporation

2. Principal Office Address - No P.O. Box #

18851 NE 29TH AVENUE

3. Mailing Office Address

18851 NE 29TH AVENUE

Suite, Apt. #, etc.

Suite 1000

Suite, Apt. #, etc.

Suite 1000

City & State

Aventura, FL

City & State

Aventura, FL

Zip

33180

Country

U.S.

Zip

33180

Country

U.S.

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

07/26/2000

5. FEI Number

65-1030408

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

Walter Ayala

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

18851 NE 29 AVENUE

Suite, Apt. #, Etc.

Suite 1000

City

Aventura

State

FL

Zip Code

33180

100304269921  
10/05/17--01032--028 \*\*150.00

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

REGISTERED AGENT MUST SIGN

Date 10/3/17

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
Mr.	Mark Pordes	18851 NE 29th Ave Suite 1000	Aventura, FL 33180

10. E-mail Address: Mark@pordesresidential.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-2-17

Daytime Phone #