

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



2001  
FLORIDA DEPARTMENT OF STATE  
Kathleen Harris  
Secretary of State  
DIVISION OF CORPORATIONS

192  
FILED

01 NOV -5 PM 4:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000109573

1. Corporation Name

SA PROPERTIES GROUP, INC.

Principal Place of Business

65 WASHINGTON AVE. STE 26  
MIAMI BEACH FL 33139

Mailing Address

65 WASHINGTON AVE. STE 26  
MIAMI BEACH FL 33139

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

11/28/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

05-1063227

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)<br>1 | Name of Officers<br>and/or Directors<br>2 | Street Address of Each<br>Officer and/or Director<br>3 | City / State / Zip<br>4                                        |
|---------------|-------------------------------------------|--------------------------------------------------------|----------------------------------------------------------------|
| DPS           | ALVAREZ, SILVIA                           | 65 WASHINGTON AVE, STE 26                              | MIAMI BEACH FL 33139                                           |
|               |                                           |                                                        |                                                                |
|               |                                           |                                                        |                                                                |
|               |                                           |                                                        | 900004698189--1<br>11/29/01 01045-024<br>****150.00 ****150.00 |
|               |                                           |                                                        |                                                                |
|               |                                           |                                                        |                                                                |
|               |                                           |                                                        |                                                                |

8. Name and Address of Current Registered Agent

ALVAREZ, SILVIA  
65 WASHINGTON AVE, STE 26  
MIAMI BEACH FL 33139

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 REQUIRED  
REGISTERED AGENT MUST SIGN

Date

10/16/01

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)(f), 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 REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NOV 28 2001

10/16/01

305-588-077

Date

Daytime Phone #

CR2E040 (8/01)

292

John William Nichols & Company  
9360 Sunset Drive  
Suite 287  
Miami, Florida 33173  
(305) 271-7697

October 29, 2001

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

Re: Reinstatement  
Document Number P00000109573

Dear Sirs:

Our client asked us to respond to the enclosed CERTIFICATE OF ADMINISTRATIVE DISSOLUTION OR REVOCATION sent to SA PROPERTIES GROUP, INC., Document Number P00000109573, effective September 21, 2001.

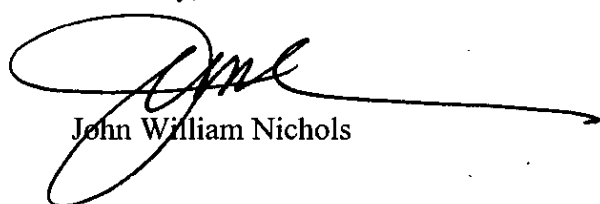
Upon communicating with your office, a recording indicated that the only instance for waiver of the reinstatement fee was for non-receipt of the Uniform Business Report, which was indeed the exact circumstance.

The Corporation, SA PROPERTIES GROUP, INC., was incorporated on November 28, 2000 as corroborated in box 4 of the enclosed APPLICATION FOR REINSTATEMENT appearing to leave no reasonable time for the system to generate the 2001 UNIFORM BUSINESS REPORT and subsequent notices. Consequently the Corporation received no notices that a 2001 Annual Report and fee was due. Not until the aforementioned CERTIFICATE OF ADMINISTRATIVE DISSOLUTION OR REVOCATION was received did the Corporation know of any applicable 2001 obligation and liability.

Pursuant to the instructions from your office, enclosed please find an executed APPLICATION FOR REINSTATEMENT and the \$150.00 annual report fee.

Thank you very much for your assistance in this matter.

Sincerely,



John William Nichols