


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

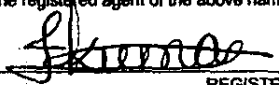
03 APR -3 AM 10:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA


CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P00000114430			
1. Corporation Name Sagar Corp. of Jacksonville			
2. Principal Office Address 224 N. Hogan St. Suite, Apt. #, etc.		3. Mailing Office Address 224 N. Hogan St. Suite, Apt. #, etc.	
City & State Jacksonville, FL		City & State Jacksonville, FL	
Zip 32202	Country U.S.A.	Zip 32202	Country U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida	11/101
5. FEI Number 59-3686221	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name Spiegel & Utrera, P.A.	
Street Address (P.O. Box Number is Not Acceptable) 343 Almeria Avenue	
Suite, Apt. #, Etc.	
City Coral Gables	State FL
Zip Code 33134	

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 	Date 3/4/03
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
Atty	Kumar, Falguni	224 N. Hogan St.	Jacksonville, FL 32202

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: 	Date 3/4/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
Daytime Phone # 904-798-8889	

CR2E081 (10/02)

js 4/7

March 5, 2003

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

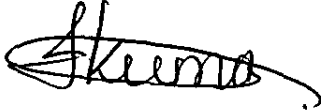
Dear Sir or Madam:

Ref: Sagar corp. of Jacksonville.

I am writing this letter on behalf of my S corporation. In year 2002, I failed to file uniform business report. Per my understanding, I thought I was supposed to receive the form in the mail. Since, I did not receive the form, I as a new business owner failed to file the form. I also did not realize that, would dissolve my corporation.

With this letter, I would like the state to reinstate my corporation and would also like to make a request to waive my \$600.00 fees to reinstate the corporation. I'll wait to hear from you and thank you for all your help.

Sincerely,

A handwritten signature in black ink, appearing to read 'Falguni Kumar', with a stylized flourish at the end.

Falguni Kumar
