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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM
 05 JUL 14 PM 3:17

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # 701000040991

1. Corporation Name
 SAGE PROPERTY INVESTMENTS, INC.

2. Principal Office Address
 782 NW Le Jeune Road

3. Mailing Office Address
 782 NW Le Jeune Road

Suite, Apt. #, etc.
 447

Suite, Apt. #, etc.
 447

City & State
 MIAMI, FLORIDA

City & State
 Miami, FLORIDA

Zip Country
 33126 MIAMI DADE

Zip Country
 33126 MIAMI DADE

REINSTATEMENT 02-05

4. Date Incorporated or Qualified To Do Business in Florida 04/20/2001

5. FEI Number Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$0.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
 GARCIA-OLIVER & MAINIENI, P.A.

Street Address (P.O. Box Number is Not Acceptable)
 782 NW LE JEUNE ROAD

Suite, Apt. #, Etc.
 SUITE 447

City
 MIAMI

State Zip Code
 FL 33126

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0508, F.S.

Signature of Registered Agent *[Signature]*
 REGISTERED AGENT MUST SIGN

Date 07/13/2005

9. Name and Street Address of Each Officer and/or Director (Provide not profit corporations must list all officers and directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
RD	MARIO ESCOBAR	782 NW LE JEUNE ROAD, # 447	MIAMI, FLORIDA 33126

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 using this application, the fees have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(f), P.A. The information indicated on this application is true and correct, and I agree to be held liable for any false or misleading information provided on this application.

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 07/13/2005 (305) 446 6431
 Daytime Phone #

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Florida Department of State
Division of Corporations
Public Access System

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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To: Division of Corporations
Fax Number : (850)205-0384

From: Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-1000
Fax Number : (850)558-1575

SK

CORPORATION REINSTATEMENT

SAGE PROPERTY INVESTMENTS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$1,200.00