

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 MAY 28 PM 4:27
SECRETARY OF STATE
TALLahassee, FLORIDA

DOCUMENT # P01000040491

1. Corporation Name

SAGE PROPERTY INVESTMENTS, INC

600181474176
05/28/10--01020--002 **1200.00

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

1000 Brickell Ave

3. Mailing Office Address

1000 Brickell Ave

Suite, Apt. #, etc.

#215

Suite, Apt. #, etc.

#215

City & State

Miami FL

City & State

Miami, FL

Zip

33131

Country

USA

Zip

33131

Country

USA

REINSTATEMENT 07-10

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

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

Corporate Maintenance Services LLC

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

1000 Brickell Ave # 215

Suite, Apt. #, Etc

City

Miami

State

FL

Zip Code

33131

PROFIT CORPORATIONS ONLY
 The \$600.00 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

[Handwritten Signature]

Date 05/26/10

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
P	MARIO ESCOBAR	1000 Brickell Ave # 215	Miami, FL 33131
D	Martha Lucia Varela	1000 Brickell Ave # 215	Miami, FL 33131
S	Adriana Escobar	1000 Brickell Ave # 215	Miami, FL 33131

10. E-mail Address:

(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., that all fees owed by the corporation have been paid. I further certify that 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:

[Handwritten Signature]

April 30/2010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/28/10