

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 JAN 26 AM 10:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000053846

1. Corporation Name

SASSOON GROUP, INC.

2. Principal Office Address

1717 N. BAYSHORE DR.

Suite, Apt. #, etc.

#215

City & State

MIAMI, FL

Zip

33132

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified
To Do Business in Florida

5/23/01

5. FEI Number

65115709

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

DENNIS R. BEARD

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

1717 N. BAYSHORE DR. #215

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33132

300027627783

01/26/04--01093--018 **308 75

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 1/15/04

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
Pres.	E. DALVO De CASTRO	1717 N. Bayshore Dr Ste #215	MIAMI, FL 33137
Direct	ANDREW ROTA	1717 N. Bayshore Dr. Ste #215	MIAMI, FL 33137
Direct	RAYMOND PALMACCIO	1717 N. Bayshore Dr. Ste #215	MIAMI, FL 33137

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ERLY DALVO De CASTRO 1/11/2004

Date

Daytime Phone #

305-350-1926

CR2ED81 (10/02)

January 15, 2004

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

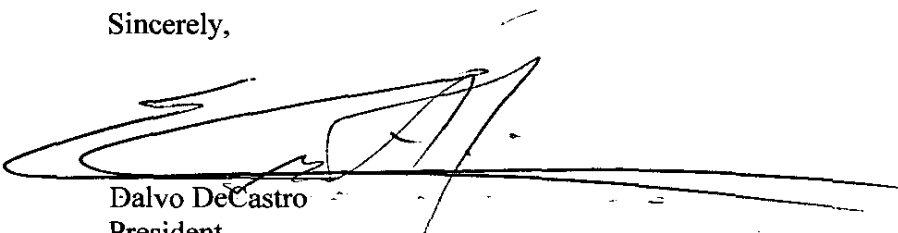
ATT.: **Reinstatement Dept.**
Doc.: **# P 01000053846**

To Whom It May Concern:

Please be advised that the following attached check for the amount of \$308.75 (as required per Barbara, on the Corporate Division Customer Service on 01/14/04), which covers the Fee for Reinstatement, along with its completed form; for our Company named, **Sassoon Group, Inc.** with Document # P 01000053846.

We apologize for our long filing delay, and make the appropriate reinstatement of our company, accordingly. If you have any further questions, please call our office # 305-350-1876 or #305-303-8091. Your prompt attention to this matter will be appreciated. Thanking you in advance.

Sincerely,



Dalvo DeCastro
President
Sassoon Group, Inc.

DD/coc

Encl.