

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT -3 PM 12:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-10/11/02--01065--025
****758.75 ****758.75

REINSTATEMENT 02

DOCUMENT # *PO1000078156*

1. Corporation Name

SAGARO & SAGARO CORP.

2. Principal Office Address

7184 SW 47 ST

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33155

Country

DADE

3. Mailing Office Address

14748 SW 56 ST

Suite, Apt. #, etc.

222

City & State

MIAMI FL

Zip

33185

Country

DADE

**4. Date Incorporated or Qualified
To Do Business in Florida**

8/8/2001

5. FEI Number

223829496

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

JUAN J SAGARO

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

15526 SW 62 TERR

Suite, Apt. #, Etc.

City

MIA

State

FL

Zip Code

33193

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

REGISTERED AGENT MUST SIGN

Date *10/2/2002*

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
<i>Pres</i>	<i>JUAN J SAGARO</i>	<i>15526 SW 62 TERR MIA, FL</i>	<i>MIA, FL 33183</i>

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

President

10/2/02

Date

305-661-5958

Daytime Phone #

CR2E081 (9/01)