** " PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT OF STATE Secretary of State DIVISION OF CORPORATIONS DOCUMENT # PO100078706 1. Corporation Name SACGAIZ COMMUNICATIONS, ITC			FILED 07 JAN 25 PM 3: 09 SECRETAINE UT STATE TALLAHASSEE, FLORIDA REINSTATEMENT CR2E081 (8/05)	
2. Principal Office Address 6800 SW 405T STC 485 6800 5W 405T				
Suite, Apt. #, etc.	Suite, Apt. #, etc. 4,85		4. Date Incorporated or Qualified 7/09/2001	
City & State MISNI FL	City & State MI DMI	£ζ	5. FEI Number	Applied For
Zip Country DADE	24p 33155	Country	6. CERTIFICATE	OF STATUS DESIRED Sa.75: Additional Fee required to a Continuation of Status
7. Name and Address of Current Registered Agent				
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. 285 City MADA) 6- 1, being appointed the registered agent of the above named corporation, am familiar with and accept the of Registered Agent REGISTERED AGENT MUST SIGN			200	70018683337 01/30/0701028005 **500.00 State Zip Code FL 33155 on 607.0505 or 617.0593, F.S.
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 CAIRLOS A= Salgano GAILLY 6800 SW		6800 Sw 405	r 5Te 485	Muni FL 33155
VICEPRIS MARCELA SOLGODOWILLIAMS 6800 SW 405T STO 485 MIDHI FC 33155				
			- 	
			7 	00086689837 8/07 01020 006 ***400.00
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 filling 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 Date Date Daytime Phone #				

AR Notices Returned by USPO