

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 17 AM 8:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000005765**

1. Corporation Name

SAVECOMP, INC.

Principal Place of Business

Mailing Address

2601 SOUTH BAYSHORE DRIVE
9TH FLOOR
MIAMI FL 33133

2601 SOUTH BAYSHORE DRIVE
9TH FLOOR
MIAMI FL 33133

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

~~1420 Brickell Bay Dr~~
Suite, Apt. #, etc.
#204

~~1420 Brickell Bay Dr~~
Suite, Apt. #, etc.
#204

City & State
Miami, FL

City & State
Miami, FL

Zip
33131

Country
USA

Zip
33131

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

01/11/2002

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	RODRIGUEZ, LORENZO	2241 COLQUITT STREET	HOUSTON TX 77038
		1420 Brickell Bay Dr #204	Miami, FL 33131

300023915033
10/17/03--01089--020 **150.00

8. Name and Address of Current Registered Agent

PEREZ-CISNEROS, TERESA
2601 SOUTH BAYSHORE DRIVE
9TH FLOOR
MIAMI FL 33133

9. Name and Address of New Registered Agent

Name
Teresa Perez-Cisneros
Street Address (P.O. Box Number is Not Acceptable)
1420 Brickell Bay Dr
Suite, Apt. #, Etc.
#308
City
Miami
State
FL
Zip Code
33131

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

TERESA PEREZ-CISNEROS
Teresa Perez-Cisneros
REGISTERED AGENT MUST SIGN

Date

10-14-03

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 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:

Lorenzo F. Rodriguez **10/14/03** **305-804-5907**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (7/03)



1420 Brickell Bay Dr. #204
Miami, FL
33131
(Phone) 305-804-5907
(Email) LRodriguez@SaveComp.com

Lorenzo F. Rodriguez
President

October 14, 2003

Florida Department of State
Annual Report/ Reinstatement Section
P. O. Box 6327
Tallahassee, FL 32314-6327

Dear Sir or Madam:

I hereby affirm that Savecomp, Inc. has never received any UBR notices from the FL Department of State. Our addresses have changed, and this may have caused our non-receipt of your notices.

We, therefore, are applying to receive reinstatement without penalty. A check for the appropriate fee is enclosed.

Sincerely,

Lorenzo F. Rodriguez,
President