

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 MAR 29 AM 8:00

000031352170  
03/29/04--01084--012 \*\*750.00

**REINSTATEMENT** 03-04

DOCUMENT # P 102 000014720

**1. Corporation Name**

SARCKO, INC.

**2. Principal Office Address**

5030 Champion Blvd

Suite, Apt. #, etc.

G6-136

City & State

Boca Raton FL

Zip

33496

Country

Palm Beach

**3. Mailing Office Address**

5030 Champion Blvd

Suite, Apt. #, etc.

G6-136

City & State

Boca Raton FL

Zip

33496

Country

Palm Beach

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

02/08/2002

**5. FEI Number**

02-0561650

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

Robert Schwartz ESQ

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

4700 NW Boca Raton Blvd

(Formerly 555 S. Federal Hwy)

Suite, Apt. #, Etc.

Ste 201

City

Boca Raton

State

FL

Zip Code

33431

**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

Date

3/17/04

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
Director	Pat Jimenez	4700 NW Boca Raton Blvd, Ste 201	Boca Raton, FL 33431

**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:

Pat Jimenez (Pat Jimenez)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/04

Date

561-989-9187

Daytime Phone #

CR2E081 (01/04)