

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 JAN 22 PM 2:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000022743

1. Corporation Name

Sage Capital Advisors, Inc.

REINSTATEMENT 03-04

400027404844

01/22/04--01023--032 **308.75

2. Principal Office Address

1304 S. Desoto Ave.

Suite, Apt. #, etc.

Ste 101

City & State

Tampa, FL

Zip

33606

Country

U.S.

3. Mailing Office Address

1304 S. Desoto

Suite, Apt. #, etc.

Ste 101

City & State

Tampa, FL

Zip

33606

Country

U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

2/28/02

5. FEI Number

None

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

Mark Donald Sherwin

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

3006 Julia St. W.

Suite, Apt. #, Etc.

A

City

Tampa

State
FL

Zip Code

33629

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

1/14/04

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
<u>CEO President</u>	<u>Mark Sherwin</u>	<u>3006 Julia St. W. A</u>	<u>Tampa, FL, 33629</u>

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

Date

1/14/04

Daytime Phone #

813 253-2153

CR2E081 (10/02)

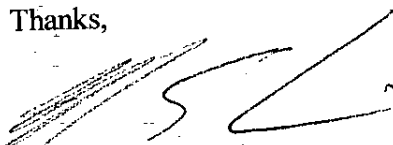
To Whom it may concern:

My corporation was dissolved in September of 2003. This is because I did not receive the proper paperwork and was informed that the paperwork was returned to your office. I would like to reinstate my corporation immediately. A waiver of the reinstatement fee is also requested because I did not receive notification from the office.

Enclosed is a check for \$308.75 for the years 2003, 2004 and the certificate of status. The reinstatement form is also included.

Sage Capital Advisors
P02000022743

Thanks,

A handwritten signature in black ink, appearing to be 'MS' or similar, written over a horizontal line.

Mark Sherwin
President & CEO
Sage Capital Advisors