

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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 OCT 13 AM 8:00

DOCUMENT # P02000054381

1. Corporation Name

SAADATI, INC.

Principal Place of Business

602 9TH AVE. N.
JACKSONVILLE FL 32250

Mailing Address

602 9TH AVE. N.
JACKSONVILLE FL 32250

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country



REINSTATEMENT 03 MRB

4. Date Incorporated or Qualified
To Do Business in Florida

05/14/2002

5. FEI Number

01-0709391

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	SAADATI, LAURA	602 9TH AVE. N.	JACKSONVILLE FL 32250

700023765267
10/13/03--01094--015 **150.00

8. Name and Address of Current Registered Agent

SAADATI, LAURA
602 9TH AVE. N.
JACKSONVILLE FL 32250

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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 Agent

REGISTERED AGENT MUST SIGN

Date 10-9-03

I, the undersigned, 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. 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 due 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.

E:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-9-03 904294.4890

CR2E040 (7/03)

10.09.03

To Whom it may Concern;

This letter is to request a waiver of the fee for reinstatement for the year of 2003. I did not receive any forms, information, or notices regarding the Uniform Business Report, and since this was the first year I would have received such a form and didn't, I was unaware that such a form even existed. If I do not receive one for 2004, now I will at least be aware and can take appropriate steps, but as far as this past year is concerned - I did not receive a uniform business report form and am requesting the fee be waived for 2003.

Thank you for your time -

Laura Saadati
Saadati Inc.