

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P02000095784**

**1. Corporation Name**

Saga Pavers, Inc

**2. Principal Office Address**

188 Clemson Rd.

Suite, Apt. #, etc.

**City & State**

Venice, Florida

**Zip**

34293

**Country**

USA

**3. Mailing Office Address**

188 Clemson Rd.

Suite, Apt. #, etc.

**City & State**

Venice, Florida

**Zip**

34293

**Country**

USA

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

10/1/02

**5. FEI Number**

30-0146762

**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**

Jesus Salvador Salas

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

188 Clemson Rd.

**Suite, Apt. #, Etc.**

**City**

Venice

**State**

FL

**Zip Code**

34293

**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**

**JESUS SALAS**  
REGISTERED AGENT MUST SIGN

**Date** 01-14-04

**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
P/D	Jesus Salas	188 Clemson Rd.	Venice, FL 34293
T/D	Victor Salas	500 Shotgun Lane	Osprey, FL 34229
S/D	Jorge Virreal	1637 Banyan Dr.	Venice, FL 34293

**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)(f), 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:**

**JESUS SALAS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-14-04

Date

941-228-9389

Daytime Phone #

FILED

04 MAR 18 PM 3:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 03-04

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03/18/04--01022--003 \*\*150.00

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01/27/04--01007--005 \*\*75.75

CR2E081 (10/02)