

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 FEB 24 PM 1:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000120668

1. Corporation Name

SADAGON, CORP.

2. Principal Office Address

10100 NW 80 AVE

Suite, Apt. #, etc.

City & State

MIAMI - FL

Zip

33016

Country

US

3. Mailing Office Address

2500 NW 79 AVE

Suite, Apt. #, etc.

City & State

DORAL - FLA

Zip

33122

Country

US

200067945392
03/16/06--01006--022 **300.00

REINSTATEMENT
CR2E081(12/05)

05-06

4. Date Incorporated or Qualified
To Do Business in Florida

11/12/2002

5. FEI Number

33-1031224

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

SAKKA, ADOLFO

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

10100 NW 80 AVE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33016

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 02/22/06

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
PP	SAKKA ADOLFO	10100 NW 80 AVE	MIAMI - FL 33016
	<u>[Signature]</u> <u>2/28</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 contained in Chapter 119, 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/22/06

Date

Daytime Phone #

Miami, 02/22/2006

To: Division of Corporations.

Subject: Sadagon corp

Dear sir,

As per conversation with your Department enclosed find my Reinstatement form, as discussed, for the years 2005, 2006 and applicable fees of \$300.00, due that I never received the annual reports and my company was dissolved without prior notice due you had the wrong address, please re-instate my company asap.

Sincerely Yours truly,

A handwritten signature in black ink, appearing to be 'Adolfo Sakkal', written over a horizontal line.

Adolfo Sakkal
President