

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 NOV -5 PM 1:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000120668

1. Corporation Name

Sadagon, Corp.

2. Principal Office Address - No P.O. Box #

10100 NW 80th Avenue

Suite, Apt. #, etc.

City & State

Hialeah, FL

Zip

33016

Country

USA

3. Mailing Office Address

2494 Centergate Drive

Suite, Apt. #, etc.

103

City & State

Miramar, FL

Zip

33025

Country

USA

REINSTATEMENT 07-08

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

Sakkal, Adolfo

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

10100 NW 80th Avenue

Suite, Apt. #, Etc.

City

Hialeah

State

FL

Zip Code

33016

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

REGISTERED AGENT MUST SIGN

Date 10/31/08

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	Sakkal, Adolfo	10100 NW 80th Avenue	Hialeah, FL 33016

100137674041
11/05/08--01037--004 **300.00

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/31/08

Date

786-234-1280

Daytime Phone #

October 31, 2008

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Sadagon Corp.
Document# P02000120668

To Whom It May Concern:

Enclosed please find my Reinstatement Form for the years 2007, 2008 and applicable fees of \$300.00, due that I never received the annual reports and my company was dissolved prior notice due you had the wrong address, please re-instate my company at your earliest convenience.

Should you have any questions, please do not hesitate to contact me.

Sincerely yours,



Adolfo Sakkal
President