CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 JUN 15 AM 10: 40

SECRETARY ... ATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000124781

1. Corporation Name

SBGN HOLDINGS, INC.

2. Principal Office Address
8770 SW 72 STREET

Suite, Apt. #, etc.
STE: 15

City & State
MIAMI, FL

Zip **33173** | Country

3. Mailing Office Address
8770 SW 72 STREET

Suite, Apt. #, etc.
STE: 15

City & State
MIAMI, FL

Zip **33173** | Country

REINSTATEMENT 03-06

4. Date Incorporated or Qualified To Do Business in Florida **11-22-02**

5. FEI Number **20-5040776** | 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
ANTONIO J. PINTO

Street Address (P.O. Box Number is Not Acceptable)
8770 SW 72 STREET

Suite, Apt. #, Etc.
STE: 15

City
MIAMI | State **FL** | Zip Code **33173**

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 _____ Date _____

REGISTERED AGENT MUST SIGN

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	ANTONIO J. PINTO	8770 SW 72 STREET STE: 15	MIAMI, FL 33173
			700077158017 07/07/06--01049--019 **600.00

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: _____ ANTONIO J. PINTO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #

SBGN HOLDINGS INC

TO: DIVISION OF CORPORATION
   P.O. BOX 6327
   TALLAHASSEE, FL 32314

AS PER OUR PHONE CONVERSATION I AM SENDING TO YOU THIS LETTER OF EXPLANATION AND THE UBR FORM ALONG WITH A CHECK TO PROPERLY UPDATE CORPORATION I FURTHER STATE THAT I DID NOT RECEIVE THE NOTICE FOR 2003 UBR FIRST NOR SECOND NOTICE. I WOULD LIKE TO RESOLVE THIS ISSUE, PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

I HAVE A NEW MAILING ADDRESS PLEASE MAKE A NOTE OF IT.

CORDIALLY,

ANTONIO J. PINTO
PRESIDENT