


2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000045612	
1. Entity Name EL SAGRADO INC.	

FILED
04 DEC -2 AM 8:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 5285 N.E. 3 CT., APT.2 MIAMI, FL 33137	Mailing Address 5285 N.E. 3 CT., APT.2 MIAMI, FL 33137
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2. Principal Place of Business Suite, Apt. #, etc. 5254 N.E. 3CT APT 2	3. Mailing Address Suite, Apt. #, etc. 5254 N.E. 3CT #2
City & State MIAMI FL	City & State MIAMI, FL
Zip 33137	Country 33137

11152004 REIN-P CR2E098 (6/04)

4. FEI Number 47-0916908	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent VELEZ, MARIA I 5285 N.E. 3 CT., APT.2 MIAMI, FL 33137	7. Name and Address of New Registered Agent Name MARIA INES VELEZ Street Address (P.O. Box Number is Not Acceptable) 5254 N.E. 3RD CT #2 City MIAMI FL Zip Code 33137
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
SIGNATURE Maria Ines Velez 11.29.04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2005, Fee will be \$900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VELEZ, MARIA I 5285 N.E. 3 CT., APT.2 5254 NE 3CT #2 MIAMI, FL 33137	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other, like empowered.

SIGNATURE: Maria Ines Velez 11.29.04 305.318.1492
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

October 28, 2004

**Florida Department of State
Division of Corporations
P.O. Box 6198
Tallahassee, FL 32314-6198**

To Whom It May Concern,

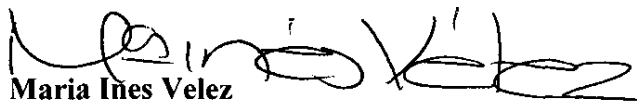
This week I received a dissolution notice for my company, El Sagrado, INC (EIN# 20-0631679).

This past July I sent a letter (copy attached) explaining that I wasn't informed by my accountant that I had to pay in order to keep the company open. In addition, I moved and never received the notice that I was now told that I needed to have received in January. I sincerely apologize for the oversight on my part. However, immediately after being notified by your department that this fee was due, I sent the check (#1185) for \$150. The check has not yet cleared.

As a small corporation and first time owner, I beg you to understand that I was not aware of this fee and ask that you accept the new check (enclosed) for \$150.

Thank you for your understanding.

Sincerely,



**Maria Ines Velez
Sagrado, Inc.
EIN# 20-0631679
305.318.1492 cell**

Miami, July 2nd 2004

Florida Department of State

My accountant did not let me know I had to pay anything and I really don't know much about these things.

As a small corporation I cannot afford paying and extra fee. I beg you to forgive me this time and accept the regular fee.

Attached you will find the check for \$150.

Thanks for your comprehension

Maria Ines Velez
El Sagrado Inc.
5254 N.E. 3rd CT #2
Miami, FL 33137
305.751.4857

ID# 20-0631679