

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P03000094714

1. Corporation Name

SAVALY INC

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

2080 S. OCEAN DR

Suite, Apt. #, etc.

STE 106

City & State

HALLANDALE, FL

Zip

33009

Country

3. Mailing Office Address

2080 S. OCEAN DR

Suite, Apt. #, etc.

STE 106

City & State

HALLANDALE, FL

Zip

33009

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

08/28/2003

5. FEI Number

20-0185891

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

SIMON BERREBI

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

2080 S. OCEAN DR

Suite, Apt. #, Etc.

STE 106

City

HALLANDALE

State

FL

Zip Code

33009

☒ 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

Date 10/09/2008

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
DP	SIMON BERREBI	2080 S. OCEAN DR. STE 106	HALLANDALE, FL 33009

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:

SIMON BERREBI

(786) 201-0400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

08 OCT 14 PM 4:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT

CR2E081 (10/08)

04-08

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