

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P04000047229

1. Corporation Name

SAGA PRODUCTIONS INC  
600 Brickell Ave, Suite 300-I  
Miami, FL. 33131

2. Principal Office Address

600 Brickell Ave, Suite 300-I

Suite, Apt. #, etc.

300-I

City & State

Miami, FL.

Zip

33131

Country

USA

3. Mailing Office Address

600 Brickell Ave, Suite 300-I

Suite, Apt. #, etc.

300-I

City & State

Miami, FL.

Zip

33131

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 3/16/04

5. FEI Number

20-0944217

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

FILED

05 SEP 16 PM 12:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

06-13-05 90001 049 \$150.00  
CR2E081 (8/05)

7. Name and Address of Current Registered Agent

Name

SUAREZ, ANGELA M

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

600 Brickell Ave, Suite 300-I

Suite, Apt. #, Etc.

300-I

City

Miami

State

FL

Zip Code

33131

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
Prs	Angela Suarez	600 Brickell Ave, Suite 300-I	Miami, FL. 33131

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 under section 119.07(3)(i), 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:

ANGELA SUAREZ  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pres

305-632-4166

Date

Daytime Phone #

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

Dear Sir or Madam at the Florida Division of Corporation,

As per our conversation on Sept1, 2005 we write this letter on behalf of:

**SAGA PRODUCTIONS INC.**

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17940 NW 63RD CT  
MIAMI FL 33015

**Document Number**  
P04000047229

**FEI Number**  
20-0944217

**Date Filed**  
03/16/2004

The representative at the Division allowed us to pay the regular annual fee for this years renewal. This corporation never received its annual report renewal card and we ask that you please waive the reinstatement fee due to non-receipt of the notice because of a change of address.

You have already received a check from us of \$150.00 each for both last years and this year's renewal.

Thank you very much for your understanding,

Sincerely,

  
SUAREZ, ANGELA M  
President