

2005 FOR PROFIT CORPORATION REINSTATEMENT

REINSTATEMENT 2005

FILED

05 DEC 20 PM 3:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



11222005 REIN-P CR2E098 (6/04)

DOCUMENT # P04000134427

1. Entity Name
SASTHOM INVESTMENTS, INC.



Principal Place of Business
**3107 RIVERSIDE DR.
CORAL SPRINGS, FL 33065**

Mailing Address
**3107 RIVERSIDE DR.
CORAL SPRINGS, FL 33065**

2. Principal Place of Business
3107 Riverside DR

3. Mailing Address
3107 Riverside DR

Suite, Apt. #, etc.
104A

City & State
33065 FL Coral Springs

City & State
33065 FL Coral Springs

Zip
33065

Country
U.S.A

4. FEI Number
20-1672730

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**DOMINGUEZ, SAUL
3107 RIVERSIDE DR.
CORAL SPRINGS, FL 33065**

7. Name and Address of New Registered Agent
Name **Saul Dominguez**
Street Address (P.O. Box Number is Not Acceptable)
3107 Riverside DR
City **Coral Springs** FL Zip Code **33065**

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 **12-08-05**

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After January 1, 2006, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DOMINGUEZ, SAUL 3107 RIVERSIDE DR. CORAL SPRINGS, FL 33065 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200062292542 12/20/05--01035--022 **\$150.00
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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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

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: **12-08-05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #