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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

2006 OCT 23 AM 9:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E081 (12/05)

FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P04000140900

1. Corporation Name  
Sage Investments, INC

2. Principal Office Address  
1205 NW 155 Lane  
Suite, Apt. #, etc.  
619 8 # 206  
City & State  
Miami, FL  
Zip  
33169 Country  
USA

3. Mailing Office Address  
1205 NW 155 Lane  
Suite, Apt. #, etc.  
619 8 # 206  
City & State  
Miami, FL  
Zip  
33169 Country  
USA

4. Date Incorporated or Qualified To Do Business in Florida 05-27-2004

5. FEI Number 20-1549732 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 Sacha Carneau

Street Address (P.O. Box Number is Not Acceptable)  
1205 NW 155 Lane

Suite, Apt. #, Etc.  
619 8 apt 206

City Miami State FL Zip Code 33169

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 Sacha Carneau Date 10-04-06

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
CEO	Sacha Carneau	1205 NW 155 Lane 619 8 # 206 Miami, FL 33169	Miami, FL 33169
CEO	Graylin Kelly	1205 NW 155 Lane # 206 Miami, FL 33169	Miami, FL 33169

REINSTATEMENT 03-04

10/06--01011--019 \*\*\$300.00

10/06--01011--020 \*\*\$8.75

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: Sacha Carneau Date 10/04/06 Daytime Phone # 206-663-3588

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

pgyc w/3

Sage Investments, Inc.  
1205 N.W. 155<sup>th</sup> Lane, Bldg. 8, Apt. 206  
Miami, FL 33169

September 26, 2006

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

Re: Document # P04000140900  
Sage Investments, Inc.

To Whom It May Concern:

Please be advised that we would like to reinstate the above-referenced entity with the State of Florida. However, we are requesting that the reinstatement fees of \$600.00 be waived because the corporation never received any notification for annual report filing since its inception in 2004.

Therefore, I am enclosing payment in the amount of \$300.00 which represents the Annual Report and Corporate Supplemental Fees for the years 2005 and 2006.

Respectfully,

Sacha Comeau, President  
Sage Investments, Inc.

