

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000164226

1. Corporation Name

Sade International Corp.

2. Principal Office Address No P.O. Box #
7235 NW 44 St.

Suite, Apt. #, etc.

City & State
Miami, FL

Zip
33166

County
Dade

3. Mailing Office Address
7235 NW 44 St.

Suite, Apt. #, etc.

City & State
Miami, FL

Zip
33166

County
Dade

7. Name and Address of Current Registered Agent

Sergio Quinones

7235 NW 44 St.

Miami

State
FL

33166

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

REGISTERED AGENT MUST SIGN

Date **10/22/2007**

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
P	Rafael Vega	900 West Ave. #1037	Miami Beach, FL 33139
VP	Sergio Quinones	1334 Washington Ave.	Miami Beach, FL 33139

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sergio Quinones

10/22/2007

Date

786-344-7468

Daytime Phone #

FILED

07 NOV -2 PM 4:14

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

800111639308
11/02/07--01030--006 **450.00

REINSTATEMENT 05-07

**4. Date Incorporated or Qualified
To Do Business in Florida**

56-2494957

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

☒ 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.