

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P05000061869

1. Corporation Name

SASHA EXPORTS, INC

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

9737 NW 41ST STREET

Suite, Apt. #, etc

399

City & State

DORAL, FLORIDA

Zip

33178

Country

US

3. Mailing Office Address

9737 NW 41ST STREET

Suite, Apt. #, etc

399

City & State

DORAL, FLORIDA

Zip

33178

Country

US

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 JUL 30 PM 1:22

B 7/30/10
182063279
06/14/10--01061--008 ##1050.00

REINSTATEMENT 08-10

CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida 04/25/2005

5. FEI Number
20-2844171

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

PREMIER CONSULTING AND BUSINESS SERVICES

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

8300 W FLAGLER ST

Suite, Apt. #, Etc.

254 E

City

MIAMI

State

FL

Zip Code

33144

☐ 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

G. Castañeda

Date 03/10/2010

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
P	JOSE L. NARANJO	9737 NW 41ST STREET	DORAL, FLORIDA 33178

10. E-mail Address: TAXACCOUNTING1@YAHOO.COM; JOSELNARANJO3@HOTMAIL.COM

(to be used for future annual report notification)

11. I certify that I am an officer or director or the secretary 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. Further, 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:

JOSE L. NARANJO

03/10/2010 305-490-2084

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #