

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JUN -2 PM 9:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 09-10

DOCUMENT # **PD5000067291**

1. Corporation Name

America's Sauri, Inc.

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

246 Dove Tail CT.

Suite, Apt. #, etc.

3. Mailing Office Address

246 Dove Tail CT.

Suite, Apt. #, etc.

City & State

Apopka, FL

City & State

Apopka, FL

Zip

32703

Country

US

Zip

32703

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

05-09-05

5. FEI Number

20-2825415

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

Tox Care, Inc.

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

417 Center Pointe Circle

Suite, Apt. #, Etc.

Suite 1737

City

Altamonte Springs

State

FL

Zip Code

32701

PROFIT CORPORATIONS ONLY

☒ The \$600.00 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

Moises Alvarez

REGISTERED AGENT MUST SIGN

Date **5-17-10**

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	Jorge J. Sauri	246 Dove Tail CT	Apopka, FL 32703

10. E-mail Address: **accountant@toxcareinc.com**

(To be used for future annual report notification)

11. 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. I further certify, 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

Date

Daytime Phone #

5/27/10