FILED

07 FEB -5 PM 4:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2007 FOR PROFIT CORPORATION REINSTATEMENT

REINSTATEMENT

DOCUMENT # P05000071026

1. Entity Name
SAVOY CORPORATE MANAGEMENT, INC.

01172007 REIN-P CR2E098 (1/07)

Principal Place of Business	Mailing Address
455 OCEAN DRIVE MIAMI BEACH, FL 33131	C/O KDC, 201 S. BISCAYNE BOULEVARD 1500 MIAMI, FL 33131

2. Principal Place of Business - No P.O. Box #: 455 Ocean Drive	3. Mailing Address:
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami Beach, Florida	City & State:
Zip: 33139 Country: USA	Zip: Country:

4. FEI Number: 86-1169612 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION COMPANY OF MIAMI
C/O KDC, 201 S. BISCAYNE BOULEVARD
SUITE 1500
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

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. CORPORATION COMPANY OF MIAMI

SIGNATURE By: [signature] RAUL J. SALAS, VICE PRESIDENT 2-1-07
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)) DATE

FILE NOW!!! FEE IS $900.00

500088065935
02/13/07--01009--013 **900.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD Abraham Werjuka 455 Ocean Drive Miami Beach, FL 33139	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: [signature] Abraham Werjuka 1/5/1/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #