

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 JUN -7 AM 8:16

DOCUMENT # **PD5000132631**

1. Corporation Name

SAI - BGL, INC.

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

9128 WILES RD.

Suite, Apt. #, etc.

3. Mailing Office Address

10100 W. SAMPLE RD.

Suite, Apt. #, etc.

#331

City & State

CORAL SPRINGS, FL

City & State

CORAL SPRINGS, FL

Zip

33067

Country

BROWARD

Zip

33065

Country

BROWARD

100181776331
06/07/10--01063--008 **450.00

KS

REINSTATEMENT 08-10

4. Date Incorporated or Qualified
To Do Business in Florida

9/27/2005

5. FEI Number

20-3528181

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

JAGDISH K. CHAUHAN

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

7629 N.W. 50th CT.

Suite, Apt. #, Etc.

City

CORAL SPRINGS

State

FL

Zip Code

33067

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

REGISTERED AGENT MUST SIGN

Date **6. 4. 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	JAGDISH K. CHAUHAN	7629 NW 50 th CT.	CORAL SPRINGS, FL 33067
SEC	HANSA CHAUHAN	7629 N.W. 50 th CT.	CORAL SPRINGS, FL 33067

10. E-mail Address: **MARKCPA@MYACC.NET**

(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

6.4.10

Daytime Phone #