

**2009 FOR PROFIT CORPORATION REINSTATEMENT**

**FILED  
Sep 29, 2009  
Secretary of State**

DOCUMENT# P06000093533

Entity Name: SABA DEVELOPMENT, INC.

**Current Principal Place of Business:**

3436 SW 42ND AVE  
UNIT 25  
GAINESVILLE, FL 32608

**New Principal Place of Business:**

**Current Mailing Address:**

5709 SW 18TH ST  
GAINESVILLE, FL 32608

**New Mailing Address:**

FEI Number: 20-5605833      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

SHIRAZIAN, EAMAN  
5709 SW 18TH STREET  
GAINESVILLE, FL 32608      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: EAMAN SHIRAZIAN

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: RAMEZANI, MOHAMMAD  
Address: 5709 SW 18TH STREET  
City-St-Zip: GAINESVILLE, FL 32608

Title: VP      ( ) Delete  
Name: SHIRAZIAN, SEYED G  
Address: 5709 SW 18TH STREET  
City-St-Zip: GAINESVILLE, FL 32608

Title: D      ( ) Delete  
Name: SADIGHI, MARZIEH  
Address: 5709 SW 18TH ST  
City-St-Zip: GAINESVILLE, FL 32608

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EAMAN SHIRAZIAN

Electronic Signature of Signing Officer or Director

RA

09/29/2009

Date