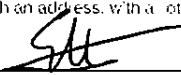


2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P07000109423 1. Entity Name SAKE INC.						
Principal Place of Business 1001 PARK STREET JACKSONVILLE, FL 32204			Mailing Address 1001 PARK STREET JACKSONVILLE, FL 32204			
2. Principal Place of Business (No P.O. Box #) 824 LOMAX ST		3. Mailing Address 824 LOMAX ST				
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 				
City & State JACKSONVILLE FL		City & State JACKSONVILLE FL		4. FCI Number 32-0276092		
Zip 32204		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent YANG, SHUNA 1001 PARK STREET JACKSONVILLE, FL 32204			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Numbers 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 qualifications of registered agent. SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)						
FILE NOW!!! FEE IS \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY, ST, ZIP	P ☐ Delete YANG, SHUNA 1001 PARK STREET JACKSONVILLE, FL 32204			TITLE ☐ Change ☐ Add/On NAME STREET ADDRESS CITY, ST, ZIP	700145417787 03/10/09--01028--015 ***300.00	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Delete			TITLE ☐ Change ☐ Add/On NAME STREET ADDRESS CITY, ST, ZIP		
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Delete			TITLE ☐ Change ☐ Add/On NAME STREET ADDRESS CITY, ST, ZIP		
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Delete			TITLE ☐ Change ☐ Add/On NAME STREET ADDRESS CITY, ST, ZIP		
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Delete			TITLE ☐ Change ☐ Add/On NAME STREET ADDRESS CITY, ST, ZIP		
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Delete			TITLE ☐ Change ☐ Add/On NAME STREET ADDRESS CITY, ST, ZIP		
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 a letter to be empowered.						
SIGNATURE: 				3/2/09		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR						

FILED

09 MAR 10 PM 4:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 08-09