

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2012 AR

12 SEP -7 AM 8:01

SEAL OF THE STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P09000076784

1. Corporation Name

SANTE AGE Management Solutions, Inc.

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

9600 NE 2 AVE

Suite, Apt. #, etc.

3. Mailing Office Address

2020 N Bayshore DR.

Suite, Apt. #, etc.

#1010

City & State

Miami FL

City & State

Miami FL

Zip

33138

Country

DADE

Zip

33137

Country

DADE

300240010153

09/25/12--01015--004 **500.00

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

9/2009

5. FEI Number

270933177

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

CARLOS SANCHEZ DO

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

2020 N Bayshore DR #1010

Suite, Apt. #, Etc.

City

Miami FL

State

FL

Zip Code

33138

300240010153

09/25/12--01015--005 **50.00

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

Date

9-11-12

REGISTERED AGENT MUST SIGN

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	CARLOS SANCHEZ DO	2020 N Bayshore DR #1010	MIAMI FL 33137
VP	Kathryn Sanchez	2020 N Bayshore DR 1010	MIAMI FL 33137

10. E-mail Address:

Kat.Sanchez@BellSouth.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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #