

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

2020 JUL 24 PM 1:13

DOCUMENT # P10000031842

1. Corporation Name

Edsaber Corporation

RECEIVED

JUL 24 2020

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

9430 SW 78 ST

3. Mailing Office Address

9430 SW 78 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33173

Country

DADE

Zip

33173

Country

DADE

800349101018  
07/27/20--01072--033 \*\*1350.00

CR2E061 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

4/12/20

5. FEI Number

27-2398416

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

MARIA V. GUTIERREZ

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

9430 SW 78 ST

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33173

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

Maria V. di Colorado-Mels (formerly Gutierrez)

Date

5/11/20

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
Pres	<u>MARIA V. GUTIERREZ</u>	<u>9430 SW 78 ST</u>	<u>Miami, FL 33173</u>
VP	<u>CARLO di Colorado-Mels</u>	<u>9430 SW 78 ST</u>	<u>Miami, FL 33173</u>

REINSTATEMENT

2016-2020

10. E-mail Address: VICKY M @ EDSABER.COM

(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:

Maria V. di Colorado-Mels (formerly Gutierrez)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/21/20

Daytime Phone #

305-793

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