

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 FEB 19 PM 3:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93006014707**

1. Corporation Name

SANGAS INC

2. Principal Office Address

2057 71st

Suite, Apt. #, etc.

City & State

MIAMI BEACH

Zip

33141

Country

USA

3. Mailing Office Address

2057 71st

Suite, Apt. #, etc.

City & State

MIAMI BEACH

Zip

33141

Country

USA

REINSTATEMENT

00-01

4. Date Incorporated or Qualified
To Do Business in Florida

03-93

5. FEI Number

65-0389312

Applied for
Not Applicable

SP

6. CERTIFICATE OF STATUS DESIRED ☐

\$875. Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MARCELO BARROS

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

2057 71st

Suite, Apt. #, Etc.

City

MIAMI BEACH

State

FL

Zip Code

33141

800003768178-2

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*****908.75 ***908.75**

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **12-18-00**

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
Pre.	MARCELO BARROS	2057 71st	MIAMI BEACH - FL 33141

10. 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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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] - MARCELO BARROS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-18-00 305-8652973

Daytime Phone #

CR2E081 (9/99)