PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000030949

REINSTATEMENT 95-00

1. Corporation Name
SARIGM, INC.

2. Principal Office Address	3. Mailing Office Address
4925 SHERIDAN ST	4925 SHERIDAN ST.
Suite, Apt. #, etc. SUITE 200	Suite, Apt. #, etc. SUITE 200
City & State HOLLYWOOD, FLORIDA	City & State HOLLYWOOD, FL.
Zip 33021 Country BROWARD	Zip 33021 Country BROWARD

4. Date Incorporated or Qualified To Do Business In Florida 5/21/94

5. FEI Number 65-0488920 Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☒ $75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name DAVID B. ROSS

Street Address (P.O. Box Number is Not Acceptable) 13110 ~~1550~~ MUSTANG TRAIL

Suite, Apt. #, Etc.

City HOLLYWOOD, State FL Zip Code 33330

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 X Dal B. Ross Date 3/6/2000
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
PRESIDENT T.S.	DAVID B. ROSS	~~1550~~ 13110 MUSTANG TRAIL	FT. Lauderdale FL 33330
			400003207754--3 -04/13/00--01095--013 ***1500.00 ***1500.00
			400003207754--3 -04/13/00--01095--014 ******8.75 ******8.75

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: X Dal B. Ross 3/6/000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
DAVID B. ROSS