

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 JAN 23 AM 11:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000064101

1. Corporation Name

SASHA & SASHA, INC.

2. Principal Office Address

885 DON MILLS ROAD #202

Suite, Apt. #, etc.

City & State

DON MILLS, ONTARIO, CANADA

Zip

Country

CANADA

3. Mailing Office Address

885 DON MILLS ROAD #202

Suite, Apt. #, etc.

City & State

DON MILLS, ONTARIO CANADA

Zip

Country

CANADA

REINSTATEMENT 02-01

**4. Date Incorporated or Qualified
To Do Business in Florida**

08/25/94

5. FEI Number

65-0514773

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

AMERICAN INFORMATION SERVICES, INC.

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

ONE S.E. 3RD AVENUE

Suite, Apt. #, Etc.

28TH FLOOR

City

MIAMI

800003623809--6

-02/02/01--01014--007

***300.00 ***300.00

800003623809--6

-02/02/01--01014--008

***750.00 ***750.00

State

FL

Zip Code

33131

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.

AMERICAN INFORMATION SERVICES, INC. Angelica M. Calabrese

Signature of

Registered Agent BY

Angelica M. Calabrese

Assistant Secretary

Date

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
DPST	KARIC, SIMON D.	885 DON MILLS ROAD #202	DON MILLS, ONTARIO CANADA

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:

Simon D. Karic

SIMON D. KARIC

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(416) 445-9252

CR2E081 (9/99)