

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 AUG -8 AM 10:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000064955

1. Corporation Name

SABRI INVESTMENT CORPORATION

W01-17833

2. Principal Office Address

4800 WEST FLAGLER ST.

Suite, Apt. #, etc.

209

City & State

MIAMI, FLORIDA

Zip

33134

Country

USA

3. Mailing Office Address

4800 WEST FLAGLER ST.

Suite, Apt. #, etc.

209

City & State

MIAMI, FLORIDA

Zip

33134

Country

USA

REINSTATEMENT 07-01

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

08/29/1994

5. FEI Number

650517775

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

RAIZA CHACON

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

4800 WEST FLAGLER STREET

Suite, Apt. #, Etc.

SUITE 209

City

MIAMI

State
FL

Zip Code
33134

LS

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

Raiza Chacon
REGISTERED AGENT MUST SIGN

Date

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
D	RAIZA CHACON	4800 WEST FLAGLER STREET SUITE 209	MIAMI, FLORIDA 33134

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:

Raiza Chacon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/31/01

Daytime Phone #

CR2E081 (9/00)