H98000003125 PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED AND FILED

1998 FEB 16 AM 11:52

SECRETARY OF STATE TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000031633

1. Corporation Name

Safe Bag of Americas, Inc.

Principal Place of Business	Mailing Address
6101 SW 58th St. Miami, FL 33143	6101 SW 58th St. Miami, FL 33143

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 4/21/95

5. FEI Number: 65-0573800 (Applied For / Not Applicable)

6. CERTIFICATE OF STATUS DESIRED ☐ ($5.00 Additional fee required for a Certificate of Status)

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
President	Armando Perez	6101 SW 58th St.	Miami, FL 33143

REINSTATEMENT '97-'98

SCC 2-16-98

8. Name and Address of Current Registered Agent

Armando Perez
6101 SW 58th St.
Miami, FL 33143

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City | State: FL | Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: _____ REGISTERED AGENT MUST SIGN Date: 12/23/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [X] No ☐ (See other side for information on intangible tax.)

12. 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: _____ 12/23/97

SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER — Date — Daytime Phone #

Prepared By:Rodriguell,Trueba&CO. 1935 NW 88th CT.#101 MIAMI,FL 33172 (305)593-2644

P95000031633

(2)

2/16/98 FLORIDA DIVISION OF CORPORATIONS 10:05 AM
PUBLIC ACCESS SYSTEM
ELECTRONIC FILING COVER SHEET

(((H98000003125 5)))

TO: DIVISION OF CORPORATIONS FAX #: (850)922-4000

FROM: FAS-T CORP. AGENTS, INC. ACCT#: 071001002335
CONTACT: LIDIA FERNANDEZ
PHONE: (305)599-0839 FAX #: (305)716-0346

NAME: SAFE BAG OF AMERICAS, INC.
AUDIT NUMBER.....H98000003125
DOC TYPE.....CORPORATION REINSTATEMENT
CERT. OF STATUS..0 PAGES..... 1
CERT. COPIES.....0 DEL.METHOD.. FAX
EST.CHARGE.. $915.00

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** ENTER 'M' FOR MENU. **

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DIVISION OF CORPORATIONS

Should Be

ADm 750.00
AR 61.25
ARSupp 88.75
900.00

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 2/16/98                DEPOSITS/PAYMENTS DETAIL SCREEN                  2:05 PM
DEPOSIT NUMBER  : 02/12/98 01037 009          DEPOSIT TYPE    : COR
ACCOUNT NUMBER  : 071001002335                DEPOSIT AMOUNT  :      2,000.00
USER ID         : KSHANK                      DEPOSIT BALANCE:          0.00
DEBIT MEMO DATE:                              VOID DATE       :
TRACKING NUMBER: H98000003125                 DOCUMENT NUMBER: P95000031633
REQUESTOR       :                             LEDGER DATE     : 02/16/98
SUB ACCT NUMBER:

          CATEGORY          DESCRIPTION                          AMOUNT
          ADM               ADMINISTRATIVE FEES                    250.00

+ NEXT, - PREV, 1. MENU, 2. FILING, 3. OFFICERS, 4. EVENTS

ENTER SELECTION AND CR:
 2/16/98                DEPOSITS/PAYMENTS DETAIL SCREEN                  2:06 PM
DEPOSIT NUMBER  : 02/13/98 01013 015          DEPOSIT TYPE    : COR
ACCOUNT NUMBER  : 071001002335                DEPOSIT AMOUNT  :      2,000.00
USER ID         : KSHANK                      DEPOSIT BALANCE:        782.50
DEBIT MEMO DATE:                              VOID DATE       :
TRACKING NUMBER: H98000003125                 DOCUMENT NUMBER: P95000031633
REQUESTOR       :                             LEDGER DATE     : 02/16/98
SUB ACCT NUMBER:

          CATEGORY          DESCRIPTION                          AMOUNT
          ADM               ADMINISTRATIVE FEES                    500.00
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