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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUN 23 AM 9:20

APPLICATION FOR REINSTATEMENT

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

REINSTATEMENT 99-00

DOCUMENT # P95000031633

1. Corporation Name

Safe Bag of Americas, Inc.

Principal Place of Business	Mailing Address
P.O. Box 593498 Miami, FL 33159-3498	P.O. Box 593498 Miami, FL 33159-3498

If above addresses are incorrect in any way, give proper information and make 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: 04/21/95

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

6. CERTIFICATE OF STATUS DESIRED ☐

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
President	Armando Perez	1985 NW 88 Ct., #101	Miami, FL 33172

8. Name and Address of Current Registered Agent

Armando Perez
1985 NW 88 Ct., # 101
Miami, FL 33172

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 hereby acknowledge that I am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of New Registered Agent _____ (REGISTERED AGENT MUST SIGN) Date: June 8, 2000

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

12. I certify that I am an officer or director of the corporation 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 completed, the corporate name complies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation as set forth 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: _____ 8/6/00 305-635-2111
(Signature and TYPED or PRINTED name of officer or director) (Date) (Daytime Phone #)

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Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

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To:
Division of Corporations
Fax Number : (850)922-4004

From:
Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

CORPORATION REINSTATEMENT

SAFE BAG OF AMERICAS, INC.

Certificate of Status	1
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