

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR



FLORIDA REINSTATEMENT
DIVISION OF CORPORATIONS

FILED

99 JAN 20 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000046466

1. Corporation Name

SAVOY ENTERPRISES EXPORT-IMPORT, INC.

Principal Place of Business

Mailing Address

4777 NW 103 AVENUE.
SUNRISE, FL 33351

4777 NW 103 AVENUE.
SUNRISE, FL 33351

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

06/12/95

5. FEI Number

65-058897

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
P	PAULO ALEXANDRE SAVOIA	3252 NW 84 AVE. #537	SUNRISE, FL. 33351
	V.P. FELIPE BEC JUNG	13777 N.W. 22ND ST.	SUNRISE, FL. 33323

300002750238-3

01/21/99-01094-013

****300.00 ****300.00

1/20/99

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PAULO ALEXANDRE SAVOIA
3252 NW 84 AVE. #537
SUNRISE, FL. 33351

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

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ 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)(b), 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: *Paulo*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

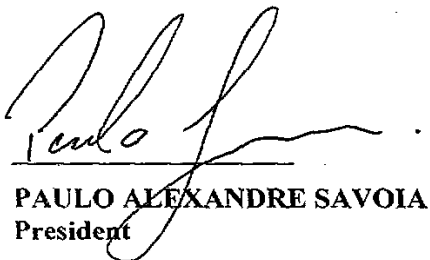
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Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from Division Of Corporations, I am attaching a check in the amount of \$300.00 for the annual report fee with my application.

I also state that I have not received any notice from the Division Of Corporations in respect with my corporation **SAVOY ENTERPRISES EXPORT.IMPORT, INC.**

Thank you for your courtesy in this matter.



PAULO ALEXANDRE SAVOIA
President