PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 JUL 10 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000047207

1. Corporation Name

Saba Rock Ventures, Inc

REINSTATEMENT CR2E081(12/05) 05-07

2. Principal Office Address	3. Mailing Office Address
500 NW 79th Ave	500 NW 79th Ave
Suite, Apt. #, etc. 202	Suite, Apt. #, etc. 202
City & State Miami, FL	City & State Miami, FL
Zip 33122 Country USA	Zip 33122 Country USA

4. Date Incorporated or Qualified To Do Business In Florida 6/16/1995

5. FEI Number 650590211 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: Maryorie Navarro

Street Address (P.O. Box Number is Not Acceptable): 500 NW 79th Ave

Suite, Apt. #, Etc.: 202

City: Miami State: FL Zip Code: 33122

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07/24/07--01017--016 **1050.00

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: [signature] Date

REGISTERED AGENT MUST SIGN

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
PD	Maryorie Navarro	500 NW 79th Ave #202	Miami, FL 33122

I, 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 contained in Chapter 119, 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: [signature]

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