

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUL 13 PM 1:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # ~~P9600015700~~

1. Corporation Name **P96000015700**
SAWGRASS ART & EVENTS CORPORATION

W04-22076

REINSTATEMENT 01-04

300037635309

06/03/04--01054--010 **600.00

2. Principal Office Address **447 NW 87th TERR**

3. Mailing Office Address **447 NW 87th TERR**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

CORAL SPRINGS, FL.

CORAL SPRINGS, FL.

Zip **33071**

Country **BROWARD**

Zip **33071**

Country **BROWARD**

4. Date Incorporated or Qualified
To Do Business in Florida **2-20-1996**

5. FEI Number **65-0642809**

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 **CORPORATE PROCESS SERVICES, INC.**

Street Address (P.O. Box Number is Not Acceptable)
2300 CORAL WAY

Suite, Apt. #, Etc.
SUITE 201

City
MIAMI

State **FL** Zip Code **33145**

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

Steven Welles

REGISTERED AGENT MUST SIGN

Date **5/27/04**

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
P-D	JORGE E. SEGUI	447 NW 87th TERR	CORAL SPRINGS, FL 33071

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:

Jose Enrique Segui

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2001 (01/04)

SAWGRASS ART & EVENTS CORPORATION

447 NW 87th Terrace
Coral Springs, Florida 33071
Telephone: (954) 796-9291

June 29, 2004

Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, Florida 32314

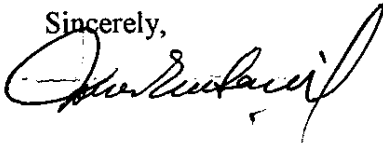
Re: SAWGRASS ART & EVENTS CORPORATION

Dear Sir or Madam:

Thank you for your correspondence of June 8, 2004. Please accept this letter as confirmation that we had never received a notification of renewal for the above mentioned corporation. I am attaching your correspondence and our reinstatement form as well.

Thank you for your consideration.

Sincerely,



Jorge E. Segui
President