

# 2008 FOR-PROFIT CORPORATION REINSTATEMENT

Page 1 of 2

DOCUMENT # P96000042740

1. Entity Name  
SEGUNDO SABINA, INC.



\*FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 APR -2 AM 11:55

Principal Place of Business  
4585 NW 36TH ST.  
MIAMI SPRINGS, FL 33166

Mailing Address  
4585 NW 36TH ST.  
MIAMI SPRINGS, FL 33166

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03292008

REIN-P

CR2E098 (1/07)

4. FEI Number  
65-0670311

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CALAFORRA, PELEGRIN  
4585 NW 36TH ST.  
MIAMI SPRINGS, FL 33166

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PT  
CALAFORRA, PELEGRIN  
4585 NW 36TH ST.  
MIAMI SPRINGS, FL 33166 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
CALAFORRA, ERIC  
4585 NW 36TH ST.  
MIAMI SPRINGS, FL 33166 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
CALAFORRA, ELENA  
4585 NW 36TH ST.  
MIAMI SPRINGS, FL 33166 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
600121948606  
04/02/08--01034--008 \*\*300.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, name or other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

REINSTATEMENT

BS 4/3/08  
07-08

0329-08 523-2480

ERIC CALAFORRA

page 2 of 2

SEGUNDO SABINA, INC  
4585 NW 36<sup>TH</sup> ST.  
MIAMI SPRINGS, FLORIDA 33166

31 March 2008

Dear Sir/Madam:

Re: Segundo Sabina, Inc  
DOC # P96000042740

Enclosed herewith please find a duly executed corporation reinstatement application together with our check for the sum of \$ 300.00 covering the following fees:

Annual Report Fee for 2007	\$ 61.25
Corporate Supplemental Fee	\$ 88.75
2008 Annual Report Filing Fee	150.00
Total	<hr/> \$ 300.00

I certify that the prior notices were not received by us and I am herein requesting that the reinstatement fee be waived.

Thank you for your assistance in this matter.

Sincerely,

Eric P Calaforra  
Secretary  
ENCLS: