

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1082

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 17 AM 11:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000052461

1. Corporation Name

SAW TECHNOLOGIES, INC.

2. Principal Office Address

814 PONCE DE LEON BLV

Suite, Apt. #, etc.

#304

City & State

CORAL GABLES, FL

Zip

33134

Country

USA

3. Mailing Office Address

PO BOX 141895

Suite, Apt. #, etc.

City & State

CORAL GABLES, FL

Zip

33114-1895

Country

USA

FD00008725347

01/02--01050--008 **150.00

4. Date Incorporated or Qualified
To Do Business in Florida

6/96

5. FEI Number

65-0677421

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

SERGIO LOPEZ DE MESA

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

814 PONCE DE LEON BLV

Suite, Apt. #, Etc.

#304

City

CORAL GABLES, FL

State

FL

Zip Code

33134

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

Sergio Lopez de Mesa
REGISTERED AGENT MUST SIGN

Date

10/16/02

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
PRES.	SERGIO LOPEZ DE MESA	814 PONCE DE LEON BLV #304	CORAL GABLES, FL 33134

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:

Sergio Lopez de Mesa
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/16/02

Daytime Phone #

305-5672929

20f2

SAW Technologies, Inc.

□□ Electrical Contractor

814 Ponce De Leon Blvd. Suite 304

Tel: (305) 567-2929

fax: (305) 567-2921

October 16, 2002

Secretary of State
State of Florida

Re: Reinstatement of SAW Technologies, Inc

Please review the attached Reinstatement form . We relocated to the address shown , and we have the mailing address in the form submitted.


We moved last year and opened a new PO Box. Our local post office has created many problems for us by failing to deliver the mail on several occasions. This has created numerous problems for us and we have filed several complaints with the supervisor there. This may be verified by your office, if required.

Probably that is why we did not receive the Uniform Business Report form required, nor any prior notice from your office.

Please waive the penalties in consideration of the above. We are enclosing \$ 150.00 to cover the fee required to reinstate.

We thank you for your consideration.

Sincerely,



SAW Technologies, Inc.

Sergio Lopez de Mesa, President