

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 AUG 24 PM 2:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000052461

1. Corporation Name

SAW TECHNOLOGIES, INC.

REINSTATEMENT 04-06

2. Principal Office Address

#304

814 PONCE DE LEON

3. Mailing Office Address

PO BOX 141895

Suite, Apt. #, etc.

304

Suite, Apt. #, etc.

City & State

CORAL GABLES, FL

City & State

CORAL GABLES, FL

Zip

33141

Country

MIAMI DADE

Zip

33114

Country

MIAMI DADE

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

650677421

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 # 304

Suite, Apt. #, Etc.

304

City

CORAL GABLES

State

FL

Zip Code

33141

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

Aug 23/06

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
<u>PRES.</u>	<u>SERGIO LOPEZ DE MESA</u>	<u>814 PONCE DE LEON # 304</u>	<u>CORAL GABLES, FL 33141</u>

200079215522
08/23/06--01023--008 **450.00

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 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:

Sergio Lopez de Mesa

SERGIO LOPEZ DE MESA

786-290-0784

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 8/23/06 Daytime Phone #

SAW Technologies, Inc.

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ELECTRICAL CONTRACTOR

814 PONCE DE LEON BLVD. SUITE 304

TEL: (954) 476-0487

CORAL GABLES, FLORIDA 33134

FAX: (954) 473-9606

MAILING ADDRESS:

P.O. Box 141895 Coral Gables, FL 33114

August 23/06

Department of State, Florida.

Please waive the reinstatement
fee for:

SAW TECHNOLOGIES, INC.

P 96 0000 52461

since we changed our address.

Please note that we did not
receive the annual report. We
now submit it, attached.

Sergio Lopez de Mesa

SERGIO LOPEZ DE MESA, PRES.