

1

FILED

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Corporation Name  
**SANGAR ENTERPRISES, INC.**



|                                                |  |                                              |  |                                                             |  |
|------------------------------------------------|--|----------------------------------------------|--|-------------------------------------------------------------|--|
| 2. New Principal Office Address, If Applicable |  | 3. New Mailing Office Address, If Applicable |  | 4. Date Incorporated or Qualified To Do Business in Florida |  |
| Suite, Apt. #, etc.<br>7389 NW 54th St         |  | Suite, Apt. #, etc.                          |  | 07/10/1996                                                  |  |
| City & State<br>Miami, FL 33166                |  | City & State                                 |  | 5. FEI Number                                               |  |
| Zip<br>33166                                   |  | Country<br>U.S.A.                            |  | 650682213                                                   |  |
|                                                |  |                                              |  | Applied For                                                 |  |
|                                                |  |                                              |  | Not Applicable                                              |  |
|                                                |  |                                              |  | 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>   |  |
|                                                |  |                                              |  | \$8.75 Additional Fee required for a Certificate of Status  |  |

| 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) |                                           |                                                                                                |                         |
|-------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|------------------------------------------------------------------------------------------------|-------------------------|
| 1<br>Title(s)                                                                                                                 | 2<br>Name of Officers<br>and/or Directors | 3<br>Street Address of Each<br>Officer and/or Director<br>(Do NOT Use Post Office Box Numbers) | 4<br>City / State / Zip |
| D                                                                                                                             | SANGUINO, JAVIER                          | 1040 N.W. 128 PLACE                                                                            | MIAMI FL 33182          |
| D                                                                                                                             | PAEZ, CARLOS                              | 2201 TAIL FEATHER CT                                                                           | Mt2. FL. 33549          |
| D                                                                                                                             | ACOSTA, PEDRO                             | 2201 TAIL FEATHER CT                                                                           | Mt2. FL. 33549.         |
|                                                                                                                               |                                           |                                                                                                |                         |
|                                                                                                                               |                                           |                                                                                                | 600002857336--7         |
|                                                                                                                               |                                           |                                                                                                | -11/26/97--01005--018   |
|                                                                                                                               |                                           |                                                                                                | ****175.00 ****175.00   |
|                                                                                                                               |                                           |                                                                                                |                         |

|                                                                                                                                          |  |                                                                                                                                                                                                        |  |
|------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>8. Name and Address of Current Registered Agent</b><br><b>SANGUINO, JAVIER</b><br><b>1040 N.W. 128 PLACE</b><br><b>MIAMI FL 33182</b> |  | <b>9. Name and Address of New Registered Agent</b><br>Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>Suite, Apt. #, Etc. _____<br>City _____ State <b>FL</b> Zip Code _____ |  |
|------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|

Signature of Registered Agent \_\_\_\_\_ REGISTERED AGENT MUST SIGN

Date 10/28/97

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☒

(See other side for information  
on intangible tax.)

12. 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: *L. Languirol*  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/28/97 305-888-0809  
Date Daytime Phone #

0825040 (8/07)

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**Sangar Enterprises, Inc.**  
*Cargo Services*

MIAMI, NOVEMBER 20 1.997

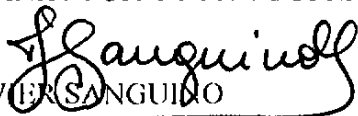
DIVISION OF CORPORATIONS  
ANNUAL REPORT / REINSTATEMENT SECTION  
TALLAHASSEE, FLORIDA

DEAR SIRs:

THIS LETTER IS TO ASK YOU TO REINSTATE SANGAR ENTERPRISES INC. AS A CORPORATION; I DID NOT RECEIVE THE PREVIOUS NOTICE WITH THE CHECK BECAUSE WE CHANGED OUR ADDRESS. PLEASE RECEIVE THE CHECK OF US \$ 175.00 FOR THE REINSTATEMENT OF THE CORPORATION.

OUR NEW ADDRESS IS : 7389 NW 54<sup>TH</sup> ST  
MIAMI, FL. 33182

THANKS FOR YOUR COOPERATION.

  
JAVIER SANGUINO  
PRESIDENT.