

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 NOV -3 PM 3:52

DOCUMENT # P96000082925

1. Corporation Name

S.D.A. EXPORT, INC.

Principal Place of Business

Mailing Address

199 OCEAN LANE DRIVE STE 1008  
KEY BISCAYNE FL 33149

199 OCEAN LANE DRIVE STE 1008  
KEY BISCAYNE FL 33149



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

917 Viera Ave  
Coral Gables, FLA.  
33146 USA

4. Date Incorporated or Qualified  
To Do Business in Florida

10/08/1996

5. FEI Number

65-0719321

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	SALAS, CHARLES M	199 OCEAN LANE DRIVE STE 1008	KEY BISCAYNE FL 33149

300003040223--1  
-11/09/99-01088-014  
\*\*\*\*\*400.00 \*\*\*\*\*400.00

*Handwritten signature*

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SALAS, CHARLES M  
199 OCEAN LANE DRIVE STE 1008  
KEY BISCAYNE FL 33149

Name Charles M Salar  
Street Address (P.O. Box Number is Not Acceptable)  
917 Viera Ave.  
Suite, Apt. #, Etc.

City Coral Gables

State FL

Zip Code 33146

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*Handwritten signature of Charles M Salar*

REQUIRED

Date

REGISTERED AGENT MUST SIGN

11. 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:

*Handwritten signature*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

June 24, 1999

S.D.A. EXPORT, INC.  
199 OCEAN LANE DRIVE STE 1008  
KEY BISCAYNE, FL 33149

SUBJECT: S.D.A. EXPORT, INC.

Ref. Number: P96000082925

Please be advised, we have received your Annual Report for the above corporation and your check(s) totaling \$150.00; however, the report has not been filed and a copy is being returned for the following correction(s):

The fee to file the annual report is \$150.00 plus \$400.00 late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75.

There is a balance due of \$400.00.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

487 6059

ANNUAL REPORTS SECTION

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To Whom it may concern.

Please Find check for \$400<sup>00</sup>. Please

waiver fees for reinstatement. SDA Export moved & we were not aware 1st check for \$400 was not received.

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

Thank You. *[Signature]*