


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1092

FILED

03 MAR 18 AM 11:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

 **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000082925**

1. Corporation Name
SDA Export Inc.

2. Principal Office Address **8558 NW 61 ST** 3. Mailing Office Address
8558 NW 61 ST.

Suite, Apt. #, etc.

City & State **Miami FL** City & State **Miami FL**

Zip **33166** Country **USA** Zip **33166** Country **USA**

*2002-2003
LIBR*

4. Date Incorporated or Qualified To Do Business in Florida **October 1996**

5. FEI Number **650719321** Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status

02-03

7. Name and Address of Current Registered Agent

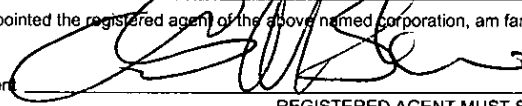
Name **Charles M. Salas** **700013908667**

Street Address (P.O. Box Number is Not Acceptable) **8558 NW 61 ST.** **03/11/03--01013--010 ***750 00**

Suite, Apt. #, Etc.

City **Miami** State **FL** Zip Code **33166**

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.

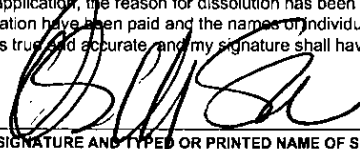
Signature of Registered Agent  Date **3/3/03**

REGISTERED AGENT MUST SIGN

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
P, T, S, V, D, C, M	Charles M. Salas	8558 NW 61 ST.	Miami FL 33166

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:  Date **3/3/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E081 (10/02)



2 of 2

8558 N.W. 61 Street
Miami, FL 33166
PH: (305) 592-5950
FX: (305) 592-5023
E-mail: sdaexport@aol.com

03/06/2003

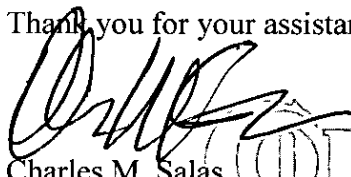
Florida Department of State
Secretary Of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Document #P96000082925
SDA Export Inc.

*Handle it!*SM
Please be advised that reports and notices have been sent to the wrong address therefore have not been received by our office.

Enclosed please find Reinstatement Form with the correct address and a check in the amount of \$750.00 for reinstatement and fees.

Thank you for your assistance.


Charles M. Salas
SDA Export Inc.

Continental
GENERAL TIRE

FALKEN **Motomax** **Motomax**

Mastercraft
TIRES

FALKEN

Continental