

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 JUL 14 PM 3:21

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P97000006870**

1. Corporation Name

SABA COMPUTER CONSULTING, INC.

2. Principal Office Address

6619 S. DIXIE HWY

3. Mailing Office Address

same.

Suite, Apt. #, etc.

#332

Suite, Apt. #, etc.

same.

City & State

MIAMI FL

City & State

same.

Zip

33143

Country

US.

Zip

same

Country

same.

REINSTATEMENT 03-09

05/10/04 81050 006 \$600.00

4. Date Incorporated or Qualified
To Do Business in Florida

1/23/97

5. FEI Number

65-0726757

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

BEHZAD SABA

500039251255

07/16/04--01043--006 *86.75**

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

6619 S. DIXIE HWY.

Suite, Apt. #, Etc.

332

City

MIAMI

State

FL

Zip Code

33143

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

REGISTERED AGENT MUST SIGN

Date

Jun 15/04

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
PVST	BEHZAD SABA	6619 S. DIXIE HWY. #332	MIAMI FL 33143

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

JUN 15/04

Daytime Phone #

305-234-2341

CR2E081 (01/04)