

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

00 JUN 21 PM 2:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000007240

1. Corporation Name

SAYARA INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

1350 SOUTHWEST 12TH AVENUE  
POMPANO BEACH FL 33069

1350 SOUTHWEST 12TH AVENUE  
POMPANO BEACH FL 33069



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

2. New Principal Office Address, If Applicable

9006 NW 38 Drive

3. New Mailing Office Address, If Applicable

9006 NW 38 Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Coral Springs FL

City & State

Coral Springs FL

Zip

33065

Country

BROWARD

Zip

33065

Country

REINSTATEMENT 99-00

4. Date Incorporated or Qualified  
To Do Business in Florida

01/23/1998

5. FEI Number

65-0840626

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
PSTD	RODRIGUEZ, MICHELLE S	1350 SOUTHWEST 12TH AVENUE	POMPANO BEACH FL 33069
VP	McKNIGHT SEETA	9006 NW 38 Drive	Coral Springs FL 33065
D	McKNIGHT JAMES	9006 NW 38 Drive	Coral Springs FL 33065
			000003321380--2 -07/12/00--01076--010 *****900.00 *****900.00

8. Name and Address of Current Registered Agent

AMERILAWYER  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name

SEETA McKNIGHT

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

9006 NW 38 Drive

Suite, Apt. #, Etc.

Coral Springs

City

CORAL SPRINGS

State

FL

Zip Code

33065

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

SIGNATURE REQUIRED

Date 6/12/00

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: SEETA McKNIGHT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/12/00

Daytime Phone #

305 362 1337

CR2E040 (8/99)