

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**

99-00



FLORIDA DEPARTMENT OF STATE

**Katherine Harris**  
Secretary of State

DIVISION OF CORPORATIONS

FILED

00 APR 14 AM 9:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 990000026130

**1. Corporation Name**

Sasha Ventures Inc.

**2. Principal Office Address**

12600 South Belcher

Suite, Apt. #, etc.

102-A

City & State

Largo, Florida

Zip

33773

Country

U.S.A.

**3. Mailing Office Address**

12600 Belcher Rd. S.

Suite, Apt. #, etc.

102-A

City & State

Largo, Florida

Zip

33773

Country

U. S. A.

**REINSTATEMENT** 99-00

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

03/20/98

**SP**

**5. FEI Number**

65-0823581

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

Neil A. Cribb

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

2840 Landmark Drive

Suite, Apt. #, Etc.

City

Clearwater

State  
**FL**

Zip Code

33761-3300

**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

*Neil A. Cribb*

REGISTERED AGENT MUST SIGN

Date

April 11, 2000

**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
Pres.	Neil A. Cribb	2840 Landmark Drive	Clearwater/FL/33761
V. P.	Susan Silverman-Cribb	2840 Landmark Drive	Clearwater/FL/33761

**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:

*Neil A. Cribb*

Neil A. Cribb

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/11/00

Date

727-530-9908

Daytime Phone #

CF2E081 (9/99)