

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 SEP 27 AM 9:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P9800026130

1. Corporation Name

SASHA VENTURES, INC.

800008080998--3
-09/27/02--01065--001
****300.00 ****300.00

2. Principal Office Address

3135 State Road 580

Suite, Apt. #, etc.

Suite 10

City & State

Safety Harbor, FL

Zip

34696

Country

USA

3. Mailing Office Address

3135 State Road 580

Suite, Apt. #, etc.

Suite 10

City & State

Safety Harbor, FL

Zip

34695

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

March 20, 1998

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)

3135 State Road 580

Suite, Apt. #, Etc.

Suite 10

City

Safety Harbor

State

FL

Zip Code

34695

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

9/23/02

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
VP	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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/23/02

Date

727-669-8885

Daytime Phone #



"A Licensed Mortgage Lender Serving All Of Florida"

3135 State Road 580 ♦ Suite 10 ♦ Safety Harbor, Florida 34695

♦ Tel: (727) 669-8885 ♦ Fax: (727) 669-9565

<http://www.fla-mortgage.com>

Florida Dept of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

September 24, 2002

To Whom it May Concern:

It has just been brought to our attention that the appropriate documents needed to maintain corporate status of Mortgage Financial Network have not been filed with the state of Florida for the years 2000 and 2001.

Mortgage Financial Network moved from 12600 South Belcher Road #102-A in Largo, Florida in the year 2000. Evidently, the notifications from the state did not reach us at our new address @ 3135 State Road 580 #10 Safety Harbor, Florida 34695.

Please find the completed form for reinstatement and a check for \$300 covering years 2000 and 2001. Please waive the late fee since we never received notification.

- If you need anything else, please contact us at the above address or call us at #727-669-8885

Thank you,,

Neil Cribb
President