

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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DOCUMENT # P98000094505.

1. Corporation Name

Sapphire Sprinklers, Inc.

2. Principal Office Address

12720 NW 11 St.

Suite, Apt. #, etc.

3. Mailing Office Address

12720 NW 11 St.

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33182

Country

Dade.

City & State

Miami, FL

Zip

33182

Country

Dade.

4. Date Incorporated or Qualified  
To Do Business in Florida

11/9/98

5. FEI Number

65-0875754

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

Aurelia Adamea

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

14740 SW 80th St.

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33193

400003473004-0

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\*\*\*\*300.00 \*\*\*\*300.00

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

Aurelia Adamea

REGISTERED AGENT MUST SIGN

Date 10/8/00

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
PO	Robert M. Maglietta	12720 NW 11 St.	Miami, FL 33182
VD	Vernon Sanchez	13011 NW 1st Apt. 209	Pembroke Pines 33028

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: Robert M. Maglietta Robert M. Maglietta 10/8/00 305-777-7444  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #