

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 FEB 19 AM 8:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000102560

1. Corporation Name

Sari, Incorporated

REINSTATEMENT 06-09

| | | | |
|--|---------|--|---------|
| 2. Principal Office Address - No P.O. Box # 4200 Brickell Ave 11440 SW 77 AVE | | 3. Mailing Office Address 1200 Brickell Ave 11440 SW 77 AVE | |
| Suite, Apt. #, etc. 900- | | Suite, Apt. #, etc. 900 | |
| City & State Miami, FL | | City & State Miami, FL | |
| Zip 33131 33156 | Country | Zip 33131 33156 | Country |

| | |
|--|--|
| 4. Date Incorporated or Qualified To Do Business in Florida 12/09/98 | |
| 5. FEI Number 65-0880873 | Applied For <input type="checkbox"/> Not Applicable |
| 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status | |

7. Name and Address of Current Registered Agent

| | |
|---|-------------|
| Name AGI Registered Agents, Inc. ERIC MESSERSMITH | |
| Street Address (P.O. Box Number is Not Acceptable) 1200 Brickell Ave 11440 SW 77 AVE | |
| Suite, Apt. #, Etc. 900 | |
| City Miami | State FL |
| Zip Code 33131 33156 | |

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

[Signature]

Date 2/16/09

REGISTERED AGENT MUST SIGN

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 |
|--------|-----------------------------------|--|---------------------|
| D | Brooks, Simon | 1200 Brickell Ave Suite 900 | Miami, FL 33131 |
| D | Messersmith, Eric | 11440 SW 77 Ave | Pinecrest, FL 33156 |
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02/19/09-01038-008 **600.00

REINSTATEMENT

RH

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 contained in Chapter 119, 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] DIRECTOR

01/30/09

305-321-2749

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #