

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1062

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katharine Harris

Secretary of State

DIVISION OF CORPORATIONS

01-02 UBR

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAY 16 PM 4:01

DOCUMENT #

p99000029024

1. Corporation Name

SAUGRASS INVESTMENT, GROUP, INC.

600005692706--8
-06/05/02--01057--010
****150.00 ****150.00

2. Principal Office Address

3101 B STATE RD 7

Suite, Apt. #, etc.

City & State

MARGATE

Zip

Country

33063 Broward.

3. Mailing Office Address

3101 B STATE RD. 7

Suite, Apt. #, etc.

City & State

MARGATE

Zip

Country

33063 Broward.

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

03/25/1999

5. FEI Number

65.0920154

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

5/16/01 90272 001 150.00

7. Name and Address of Current Registered Agent

Name

Oswaldo Godoy.

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

4508 N.W. 110 AV

Suite, Apt. #/Etc.

APTO. 2102

City

MIAMI

State

FL

Zip Code

33178

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

by: [Signature]

REGISTERED AGENT MUST SIGN

Date 4/30/02

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
Presid.	Oswaldo Godoy	4508 N.W. 110 AV #2102 MIAMI, FL 33178	MIAMI FL, 33178
Dir.	ANTONIO GARRIN.	3101 B State Rd 7 MARGATE FL 33063	
Dir.	Luis Riebuena.	1669 Salerno circle	Weston, FL 33327

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02

Date

Daytime Phone #

CR2E081 (9/01)

2

April 30th, 2002.

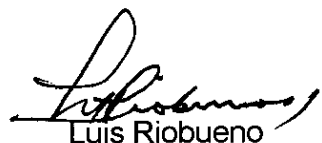
Florida Department of State

Katherine Harris

Unfortunately, we did not mail the Uniform Business Report 2001. During that year we moved to a new address and therefore we did not received any form from you. However, we are sending a reinstatement form with a \$150 check in order to reinstate our Corporation.

We will appreciate your acceptance.

Sincerely,



Luis Riobueno

By Oswaldo Godoy, President.