

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

APPROVED
AND
FILED

01 NOV 19 PM 12:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 999000066881

1. Corporation Name

SA Acquisition Company

2. Principal Office Address

400 Australian Avenue South

Suite, Apt. #, etc.
6th Floor

City & State

West Palm Beach, FL

Zip
33401

Country
USA

3. Mailing Office Address

400 Australian Avenue South

Suite, Apt. #, etc.
6th Floor

City & State

West Palm Beach, FL

Zip
33401

Country
USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

7/28/99

5. FEI Number

65-0941850

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

Jerry E. Aron

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

5196 Desert Vixen Road

Suite, Apt. #, Etc.

City

Palm Beach Gardens

State

FL

Zip Code

33418

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

Jerry E. Aron

Date **11/15/01**

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
Pres.			
Treas.	Ji Ang Song	400 Australian Avenue South	West Palm Beach, FL 33401
V. Pres.			
Secy.	Jerry E. Aron	5196 Desert Vixen Road	Palm Beach Gardens, FL 33418

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:

Jerry E. Aron

JERRY E. ARON

Date

Daytime Phone #

561-804-6808