

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
02 JAN 12 AM 9:04

01-02

DOCUMENT # 999600107600
1. Corporation Name SAGO GROUP, INC

2. Principal Office Address 7891 W SAMPLE ROAD Suite, Apt. #, etc.		3. Mailing Office Address Suite, Apt. #, etc.	
City & State Coral Springs Florida		City & State	
Zip 333065	Country USA	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida 14 DEC 79	
5. FEI Number 65-0966858	Applied For 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 SPIEGEL & UTRERA PA		
Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE		
Suite, Apt. #, Etc.		
City CORAL GABLES	State FL	Zip Code 33134

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 _____ Date 8 JAN 02

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
PSD	MOREY WRIGHT	5010 SAGO PALM CIR	TAMPA FL 33319

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)(l), 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: MOREY WRIGHT Date 8 JAN 02 340-1663

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #