

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

96 NOV 15 PM 12:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # S16016

1. Corporation Name

SATOR, INC.

Principal Place of Business

5640 N FEDERAL HWY  
SUITE 2  
FT LAUDERDALE FL 33308

Mailing Address

5640 N FEDERAL HWY  
SUITE 2  
FT LAUDERDALE FL 33308

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

-Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

-Country

40 SAVATAX ACCOUNTING  
2765 W. CYPRESS CK RD.  
FT. LAUDERDALE, FL  
33309 BROWARD

4. Date Incorporated or Qualified  
To Do Business in Florida

12/04/1990

5. FEI Number

65-0236501

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	NORCIA, ROBERT	5640 N FEDERAL HWY #2	FT LAUDERDALE FL

200002009852-9  
-11/20/96--01073--019  
\*\*\*\*375.00 \*\*\*\*375.00

JBHB-90

8. Name and Address of Current Registered Agent

INGLIS, RICHARD K.  
2851 N FEDERAL HWY  
FT LAUDERDALE FL 33308

9. Name and Address of New Registered Agent

Name  
CAROLYN NICOTRA  
Street Address (P.O. Box Number is Not Acceptable)  
2765 W. CYPRESS CK RD STE B  
Suite, Apt. #, Etc.

City

FT. LAUDERDALE

State

FL

Zip Code

33309

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*[Signature]* REQUIRED  
REGISTERED AGENT MUST SIGN

Date

11/11/96

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information  
on intangible tax.)

12. 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]* REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-23-96 (954) 4914247  
Daytime Phone #