

H98000003141

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED

AND
FILED

1998 FEB 16 PM 2:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDAAPPLICATION
FOR
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S71922

1. Corporation Name

Saiza, Inc.

Principal Place of Business

6101 SW 58th St.
Miami, FL 33143

Mailing Address

6101 SW 58th St.
Miami, FL 33143

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

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

8/9/91

State, Apt. #, etc.

State, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-0278864

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐SEE TO: Application for Reinstatement
of a Corporation or Limited Partnership

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

1 Titles	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
President	Armando Perez	6101 SW 58th St.	Miami, FL 33143

REINSTATEMENT '97-'98

SCC 2-16-98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Armando Perez
6101 SW 58th St.
Miami, FL 33143

Name

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

State, Apt. #, etc.

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.006, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

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 AND TYPE OR PRINTED NAME OF SECRETARY, TREASURER OR DIRECTOR

Date

Daytime Phone #

Prepared By: RODRIGUEZ, TRUEBA & CO. 1935 NW 88th CT. MIAMI, FL 33172 (305) 593-2644

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2/16/98

FLORIDA DIVISION OF CORPORATIONS
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TO: DIVISION OF CORPORATIONS

FAX #: (850)922-4000

FROM: FAB-T CORP. AGENTS, INC.
CONTACT: LIDIA FERNANDEZ
PHONE: (305)599-0839

ACCT#: 071001002335

FAX #: (305)716-0346

NAME: SAIBA, INC.

AUDIT NUMBER.....H98000003141

DOC TYPE.....CORPORATION REINSTATEMENT

CERT. OF STATUS..1

PAGES..... 1

CERT. COPIES.....0

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AUDIT NUMBER ON THE TOP AND BOTTOM OF ALL PAGES OF THE DOCUMENT

** ENTER 'M' FOR MENU. **

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DIVISION OF CORPORATIONS