


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAY -1 AM 8:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2002-2003
UBK

UBK
02-03

DOCUMENT # **F36888** \$300

1. Corporation Name
Sagrans Asset Subsidiary, Inc.

2. Principal Office Address
3850 N. Causeway Blvd #800

3. Mailing Office Address
3850 N. Causeway Blvd #800

City & State
Metairie, LA

Zip Country
70002 US

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

5. FEI Number **59-2098503**

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name **CT Corporation System**

Street Address (P.O. Box Number is Not Acceptable) **1200 South Pine Island Road**

Suite, Apt. #, Etc.

City **Plantation** State **FL** Zip Code **33324**

000018940050
05/14/03--01051--017 ***00.00

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 **Barbara A. Burke** SPECIAL ASSISTANT SECRETARY Date **4/28/03**

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/Dir	Bart Palmisano, Sr.	3850 N. Causeway Blvd #800	Metairie LA 70002
Sec/Dir	Bart Palmisano, Jr.	3850 N. Causeway Blvd #800	Metairie, LA 70002
Treas	Thomas Sandeman	3850 N. Causeway Blvd #800	Metairie, LA 70002

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)(f), 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: **Bart Palmisano, Jr.** **Bart Palmisano, Jr.** 4/16/03 504-834-4392

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

CFR2001 (10/02)

BB



April 16, 2003

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Sagrans Asset Subsidiary, Inc.
Document #F36888

To Whom It May Concern:

Enclosed please find a Corporation Reinstatement form along with the \$300 fee for processing for the above referenced corporation. We would like for you to review this document and consider waiving the reinstatement fee due to the fact that we never received our UBR report to fill out for 2002.

Actually, we have five corporations within your state and we haven't received our UBR report for any of them as of this date for this year either. I've printed them all online, but I'm just trying to point out that this seems to be an ongoing problem, which I'm trying to keep on top of by using your online services.

Thank you for your consideration.

Sincerely,

A handwritten signature in cursive script that reads "Wendy Blanchard".

Wendy Blanchard

/wb
Enclosure