

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2007 OCT 24 AM 9:13
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P05000036399

1. Corporation Name

S A A R Enterprise INC

REINSTATEMENT

CR2E081 (1/07) **06-07**

2. Principal Office Address - No P.O. Box # 3152 3rd Street Cir N		3. Mailing Office Address 3152 3rd Street Cir N	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Jacksonville, FL		City & State Jacksonville, FL	
Zip 32254	Country USA	Zip 32254	Country USA

4. Date Incorporated or Qualified To Do Business in Florida	Mar 9, 2005
5. FEI Number	20-2469707
Applied For	<input type="checkbox"/>
Not Applicable	<input type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED	<input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name Ernest R. Loyd Sr		
Street Address (P.O. Box Number is Not Acceptable) 3152 3rd Street Cir N		
Suite, Apt. #, Etc.		
City Jacksonville	State FL	Zip Code 32254

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 *Ernest R. Loyd Sr* Date *10-22-07*
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
P	Ernest R. Loyd Sr	3152 3rd Street Cir N	Jacksonville, FL 32254

306111302493
10/24/07--01050--012 **308.75

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 contained in Chapter 119, 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: *Ernest Loyd* *10-22-07* *(904) 695-9559*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #