

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

02 JUN 13 AM 10:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000054271**

1. Corporation Name

**SAAA ENTERPRISE INC.**

Principal Place of Business

28665 SW 158TH COURT  
HOMESTEAD FL 33033

Mailing Address

28665 SW 158TH COURT  
HOMESTEAD FL 33033

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

**REINSTATEMENT 01-02**

4. Date Incorporated or Qualified To Do Business in Florida

06/15/1999

5. FEI Number

65-0926488

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

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	4 City / State / Zip
PSTD	BUSTAMANTE, SILVESTRE	28665 SW 158TH COURT	HOMESTEAD FL 33033

8000005911908--3  
-06/21/02--01079--012  
\*\*\*\$300.00 \*\*\*\$300.00

8. Name and Address of Current Registered Agent

BUSTAMANTE, SILVESTRE  
28665 SW 158TH COURT  
HOMESTEAD FL 33033

9. Name and Address of New Registered Agent

Name \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
Suite, Apt. #, Etc. \_\_\_\_\_  
City \_\_\_\_\_ State **FL** Zip Code \_\_\_\_\_

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

*Silvestre Bustamante*  
**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date

6/10/02

11. 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:

*Silvestre Bustamante*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date

6/10/02

Daytime Phone #

(786) 243-1626

CR2E040 (8/01)