

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Governor B. McCall
 Secretary of State
 DIVISION OF CORPORATIONS

97 MAR

FILED

97 DEC -3 AM 7:50

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # 399230

1. Corporation Name
 SGAMAR INC

Principal Place of Business Mailing Address
 6230-4 WEST INDIANTOWN RD
 JUPITER FL 33458

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

4. Date Incorporated or Qualified To Do Business in Florida
 4/14/72

5. FEI Number
 59-1385783 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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PD	JEAN MARCHESANI	2403 N WALKER DR.	LAKE PARK, FL 33401
TDM	Joseph M MARCHESANI	407 LAKEWOOD CT. #50	JUPITER, FL. 33458

500002373715--3
 -12/16/97--01078--009
 ****165.00 ****165.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name
 JOHN W KURTZ
 Street Address (P.O. Box Number is Not Acceptable)
 13205 US Hwy 1
 Suite, Apt. #, Etc.
 500
 City
 JUNO BEACH
 State
 FL
 Zip Code
 33408

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
 REGISTERED AGENT MUST SIGN

Date 11/28/97

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: Joe Marchesani
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/28/97 (561) 746-9191
 Date Daytime Phone #

C-92E040 (12/96)