

REINSTATEMENT

10/2

DOCUMENT # F95000002148

1. Entity Name
L.M. Sandler & Sons, Inc.

Principal Place of Business Mailing Address

FILED

00 OCT 18 PM 3:45

SECRETARY OF STATE
500003428076--1

2. Principal Place of Business
P.O. Box 8790

Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 8790

Suite, Apt. #, etc.

City & State
Virginia Beach, VA 23450

City & State
Virginia Beach, VA 23450

Zip Country
USA USA

REINSTATEMENT



6. Name and Address of Current Registered Agent

CT Corporation System
1200 Pine Island Rd.
Plantation, FL 33324

4. FEI Number
54-1737065

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

Name
B&C Corporate Services of Central Florida, Inc.

Street Address (P.O. Box Number is Not Acceptable)
390 N. Orange Ave., Ste. 1100

City
Orlando

FL Zip Code
32801

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE *[Signature]* VP. Laurie L. Bengtresser, Vice President 10/12/00

Signature typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Steven B. Sandler 448 Viking St., Ste. 220 Virginia Beach, VA 23425 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Raymond Gottlieb 448 Viking Dr., Ste. 220 Virginia Beach, VA 23452 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST 448 Viking St., Ste. 220 Virginia Beach, VA 23452 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Nathan D. Benson 448 Viking Dr., Ste. 220 Virginia Beach, VA 23452 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* Nathan D. Benson, Vice President

Date: 10/12/00 Daytime Phone #: KE

20f2



ACCOUNT NO. : 072100000032

REFERENCE : 867407 4381472

AUTHORIZATION :

Patricia Pizit

COST LIMIT : \$ 758.75

ORDER DATE : October 18, 2000

ORDER TIME : 11:16 AM

ORDER NO. : 867407-005

CUSTOMER NO: 4381472

CUSTOMER: Ms. Laurie Bergstresser
Broad And Cassel
Suite 1100
390 North Orange Avenue
Orlando, FL 32801

DOMESTIC FILINGS

NAME: L.M. SANDLER & SONS, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janna Wilson

EXAMINER'S INITIALS _____

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

00 OCT 18 PM 1:41

RECEIVED