


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 01 NOV 19 PM 2:12

DOCUMENT # **P00000072115**
 1. Corporation Name
SAPP INVESTMENTS, INC.

Principal Place of Business 16 ISLAND AVE APT 34 MIAMI BEACH FL 33139	Mailing Address 16 ISLAND AVE APT 34 MIAMI BEACH FL 33139
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable 319 Marshall Street	3. New Mailing Office Address, If Applicable 3230 Stirling Road
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 1
City & State Kennett Square, PA	City & State Hollywood, FL
Zip 19348	Country USA
Zip 33021	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 07/28/2000	
5. FEI Number 65-1027105	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$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
DVT	SAPP, DAVID-B	16 ISLAND AVE APT 34	MIAMI BEACH FL 33139
DPS	KANE, DORIS	319 NARSHALL STREET	KENNETT SQUARE PA 19348
V	CANDACE F. TESLER	802 WESTWOOD LANE	WILMETTE, IL 60091
T	RANDALL KANE	125 N. VILLAGE LANE	CHADDS FOPD, PA 19317
			400004706174--8 -12/05/01--01059--006 ****158.75 ****158.75

8. Name and Address of Current Registered Agent
SAPP-DAVID-B
16 ISLAND AVE APT 34
MIAMI BEACH FL 33139

9. Name and Address of New Registered Agent
 Name
MORRIS ENGELBERG, ESQ.
 Street Address (P.O. Box Number is Not Acceptable)
3230 Stirling Road
 Suite, Apt. #, Etc.
Suite 1
 City
Hollywood. State **FL** Zip Code **33021**

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  **SIGNATURE REQUIRED** Date **10/18/01**
 REGISTERED AGENT MUST SIGN

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:  **SIGNATURE REQUIRED** Date **10/19/01**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CRE040 (801)