

P94000070201

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



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

FILED

00 SEP 20 AM 8:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000070201
Corporation Name
Sanders Group, Inc.

Principal Office Address
2338 Immokalee Rd.
Apt. #, etc.
Ste. 2225
City & State
Naples, FL
Country
USA
34110

3. Mailing Office Address
2338 Immokalee Rd.
Suite, Apt. #, etc.
Ste. 225
City & State
Naples, FL
Country
USA
34110

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4. Date Incorporated or Qualified To Do Business in Florida 10/28/91
5. FEI Number 65-029 2032 Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent
Name Warren Kantor
Street Address (P.O. Box Number is Not Acceptable) 2338 Immokalee Rd.
Suite, Apt. #, Etc. Ste. 225
City Naples
State FL Zip Code 34110

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 [Signature] Date 9/18/00
REGISTERED AGENT MUST SIGN

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
	Lorri Blank	2 Logan Sq., Ste. 1900	Phila., PA 19103
	Paul Kirk	2 Logan Sq., Ste. 1900	Phila., PA 19103
	Warren Kantor	2 Logan Sq., Ste. 1900	Phila., PA 19103

Reinstate 9-21-00 PHT

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] 9/18/00 215-656-4300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/99)