


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

182

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # P95000075434

1. Corporation Name  
S.F.E. INC.

FILED  
01 OCT 22 PM 12:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
1944 TIGERTAIL BLVD. DANIA FL 33004 US	1944 TIGERTAIL BLVD. DANIA FL 33004 US



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. Tigertail	3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. Tigertail
City & State	City & State
Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida 09/26/1995
5. FEI Number 65-0614090
6. CERTIFICATE OF STATUS DESIRED <input checked="" 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
DP	SCHERRER, MARK	688 NE 7TH AVE, A-1 5909 NW 69th Ave.	FT LAUDERDALE FL 33304 33321
TSD	SCHERRER, JOANNE	5909 NW 69TH AVE	FORT LAUDERDALE FL 33321
			600004672786--7 -11/08/01-01061-007 ****158.75 ****158.75

8. Name and Address of Current Registered Agent

SCHERRER, MARK  
1944 TIGERTAIL BLVD  
DANIA FL 33004

9. Name and Address of New Registered Agent

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

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]* TR REGISTERED AGENT MUST SIGN Date: 10/17/01

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]* Pr Date: 10/17/01 Daytime Phone #

CREM40 (8/01)

272

**S.F.E., INC.**  
*Hardwood Flooring Specialists*  
1944 Tigertail Blvd. Dania, FL 33004  
(954) 724-5112 Fax: (954) 724-5113

October 18, 2001

Florida Dept. of State  
Katherine Harris  
PO Box 6327  
Tallahassee, FL 32314

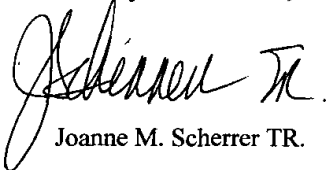
Dear Sirs,

I just recently received a form in the mail stating that the state of Florida has dissolved the corporation due to a form and fees that were not completed nor paid. I called your office upon receipt and was told to write this letter stating that I had not previously received anything, which I did not.

I will be enclosing the completed form and the fee of \$158.75 as I was advised to do.

Please call with any questions or problems. (954) 724-5112.

Thank you in advance,



Joanne M. Scherrer TR.