PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 JAN 29 AM 9:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000191575

1. Corporation Name
SABER MANAGEMENT, INC.

Principal Place of Business
2105 TAMIAMI TRL
PORT CHARLOTTE, FL
33948-2186

Mailing Address
2105 TAMIAMI TRL
PORT CHARLOTTE, FL
33948-2186

600002773505--1
-01/29/99--01096--001
***1102.50 ***1058.75

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 Address, If Applicable
Suite, Apt. #, etc
City & State
Zip Country

DO NOT WRITE IN THIS SPACE

4. Date Incorporated or Qualified to Do Business in Florida
03/01/96

5. FEI Number
65-0696974
Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X] $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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	DENNIS AMODIO	103 TROPICANA DR.	PUNTA GORDA, FL 33958

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent
Name
DAVID B. GOLDSTEIN
Street Address (P.O. Box Numbers Not Acceptable)
23462 PATERA AVE.
Suite, Apt. #, Etc
City
PORT CHARLOTTE
State FL Zip Code 33980

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 2/8/99

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [X] No [ ]
(See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: Dennis Amodio 2/8/99
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL EXECUTING FORM