

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

921032

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR 28 AM 11:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 429535

1. Corporation Name

S. D. & G. CORPORATION

2. Principal Office Address

1396 SE 17 ST

3. Mailing Office Address

1396 SE 17 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FORT LAUDERDALE, FL

City & State

FORT LAUDERDALE, FL

Zip

33316

Country

USA

Zip

33316

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida 6/27/73

5. FEI Number
59-1479906

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$6.75 Additional Fee required for a Certificate of Status

REINSTATEMENT 03-04

7. Name and Address of Current Registered Agent

Name
VICKY VITTORATOS

Street Address (P.O. Box Number is Not Acceptable)
10680 NW 18 CT

Suite, Apt. #, Etc.

City
PLANTATION

State
FL

Zip Code
33322

200034458122
04/28/04-01058-010 **150.00
200034458122
04/28/04-01058-011 **150.00

8. 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 *Vicky Vittoratos*

REGISTERED AGENT MUST SIGN

Date 4/22/04

9. 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
ST	DENNIS TETENES	2830 NE 55 PL	FORT LAUDERDALE, FL 33308
VP	VICKY VITTORATOS	10680 NW 18 CT	PLANTATION, FL 33322

10. 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:

Vicky Vittoratos

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/04

Date

954-467-0363

Daytime Phone #

CR2E081 (01/04)

TK

PS 2002

S. D. & G. CORPORATION
1396 SE 17th ST
FORT LAUDERDALE, FL 33316

April 20, 2004

Secretary of State
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

Re: S. D. & G. CORPORATION
Document # 429535
Reinstatement Application
Waiver of Fee

To Whom It May Concern:

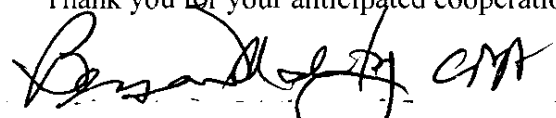
The above mentioned corporation did not receive their Annual Report for the year 2003.

The accounting firm for the S. D. & G. Corporation sold their practice on January 1, 2003 and did not forward the Annual Report to the client.

We respectfully request that the reinstatement fee is waived.

Per your request, attached is the reinstatement application, a check for \$150.00 for the 2003 Annual Report and a check for \$150.00 for the 2004 Annual Report.

Thank you for your anticipated cooperation.



Benjamin T. Maltby, C.P.A.