PLEASE READ ALL INST	RUCTIONS BEFORE C	OMPLET	ING THIS FORM.	
	A DEPARTMENT OF STATE Katherine Harris Secretary of State		FILED -7 PM 2:36	
DOCUMENT # 640133		SECRE	TARY OF STATE ASSEE, FLORIDA	
SGPV, INC.				
Principal Place of Business Mailing Address		4		
200_E-BROAD_ST., - ORD_FLOOR %_THE_RUBIN_ORGANIZATION, INC. PHILADELPHIA_PA_15102 200_SOUTH_BROAD_STREET- -PHILADELPHIA_PA_15102 -PHILADELPHIA_PA_15102-				
If above addresses are incorrect in any way, line through incorrect i 2. New Principal Office Address, If Applicable 3. New Mail	nformation and enter correction below.		STATEMEN orated or Qualified	19-00
Three Bala Plaza <u>46 Isdaner + Company</u> Suite, Apt. #, etc.		To Do Busir	ness in Florida 08/	/02/1979
City & State City & State	Pala Plaza Joiw	5. FEI Numbe	23-2113487	Applied For Not Applicable
Bala Cynwyd PA Bala Zip 19004 USA Zip 190	Cynwyd CA Country 04 USA	6. CERTIFICAT		Additional Fee required
7. Names and Street Addresses of Each Officer and/or Director (Flo		ast 3 directors)		
Name of Officers Street Address of Eacl Title(s) and/or Directors Officer and/or Director 2 3 3				
CD STRAUS, JOSEPH +	200 S. BROAD ST.; SAD FLOOR 814 Gregory Road		PHILADELPHIA PA 19102 Rydal, PA 19046	
P SWITZENBAUM, SAMUEL M	200 S. BROAD ST., ORD FLOOR 200 S. Broad St. 6th Floor		PHILADELPHIA PA 1910	A 19102
		60	00031380 -02/16/0001 *****300.00	<u>1961</u> 096019
		6000031380961 -02/16/0001036020		
8. Name and Address of Current Registered Ag	Name		Address of the Registered A	
BLANTON, EDWIN F-		F. Blanton P.O. Box Number is Not Acceptable)		
525 THOMAGVILLE ROAD- TALLAHAGGEE FL 32303- Suite, Apt. #, Etc.				<u>دو</u>
	City Tallah	a	State	Zip Code 72307
10. I, being appointed the registered agent of the prove named or provide the registered agent of the prove named or provide the provide the prove named or provide the providet	oration am familiar with and accept the o	bligations of Sect)D
 11. I certify that I am an officer or director or the receiver or trustee e this reinstatement application, the reason for dissolution has bee owed by the corporation have been paid and the names of indivi- on this application is true and accurate, and my signature shall have 	n eliminated, the corporate name satisfies duals listed on this form do not qualify for	the requirements an exemption un	s of section 607,0401 or 617.04	01, F.S., that all fees
SIGNATURE: SGNATUEF	SEQUERED SIGNING OFFICER OR DIRECTOR		244/00 60 Date Day	S - 4200
COLONATORE AND STRED OR PRINTED NAME OF	SIGNING GIBICER OR DIRECTOR			