

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Glenda E. Hood
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F02000005241

1. Corporation Name

SEQUOIA INVESTMENTS, INC.

Principal Place of Business

Mailing Address

295 WEST CROSSVILLE RD., SUITE 820
 ROSWELL GA 30075

295 WEST CROSSVILLE RD., SUITE 820
 ROSWELL GA 30075

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

10/17/2002

5. FEI Number

36-4028675

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

\$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
P	ELGART, DAVID	295 WEST CROSSVILLE RD., SUITE 8	ROSWELL GA 30075

200024178042
 10/27/03--0111--015 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

OWEN, LARRY
 9480 HIGH GATE DRIVE, #2112
 SARASOTA FL 34238

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

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. or 617.0505, F.S.

Signature of Registered Agent X

Larry Owen
 LARRY OWEN REGISTERED AGENT MUST SIGN

Date 10-23-03

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: *David A. Elgart* David A. Elgart (770) 650-4200
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
 03 OCT 27 AM 9:23
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



REINSTATEMENT 03

CR2E040 (7/03)

SEQUOIA INVESTMENTS, INC.

DAVID ELGART

295 WEST CROSSVILLE ROAD • SUITE 820 • ROSWELL, GEORGIA 30075

PHONE: 770-650-4200 • FAX: 770-650-9155

Email: david@sequoiainvestments.com

October 21, 2003

Florida Department of State
Glenda E. Hood, Sec. Of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

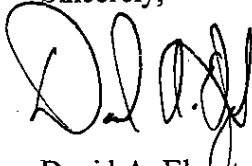
Re: Application for Reinstatement

Dear Ms. Hood,

Enclosed please find our application and a check for \$150.00. Our company has undergone some changes in the office administration and we do not see where any prior notices were sent concerning the 2003 annual report. We called your offices and they said to write a letter explaining the situation and to enclose a check.

Thank you for your understanding.

Sincerely,



David A. Elgart
President

DAE/bee

Enclosures