FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

08 JAN 17 PM 4:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F03000001753

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01/17/08--01048--004 **783.75

REINSTATEMENT 05-08

WDP

1. Corporation Name
SABA HOLDING COMPANY II

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
ONE VOLVO DRIVE	ONE VOLVO DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
ATTN: MOONSOO KO	ATTN: MOONSOO KO
City & State	City & State
ASHEVILLE NC	ASHEVILLE, NC
Zip / Country	Zip / Country
28803 / USA	28803 / USA

4. Date Incorporated or Qualified To Do Business In Florida 04-08-2003

5. FEI Number 56 2329150 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable): 1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.:

City: PLANTATION | State: FL | Zip Code: 33324

☑ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 _____ Date _____
REGISTERED AGENT MUST SIGN

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
CEO	DENNIS SLAGLE	ONE VOLVO DRIVE	ASHEVILLE NC 28803
VP-CFO	RYAN SHERWOOD	ONE VOLVO DRIVE	ASHEVILLE NC 28803
VP-S	MARTHA BOYD	ONE VOLVO DRIVE	ASHEVILLE NC 28803
P	WALT JOACHIM	120 GORDON DRIVE	LIONVILLE PA 19341
M	KARL KELLER	11421 REAMES ROAD	CHARLOTTE NC 28269
M	EVAN BRUMM	ONE VOLVO DRIVE	ASHEVILLE NC 28803

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 contained in Chapter 119, 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] (RYAN SHERWOOD) 1/14/2008 (828) 275-8145
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #