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PLEASE READ	ALL INSTRU	JCTIONS BEFORE	COMPLET	ING THIS FORM.		
APRUMATION RES		EPARTMENT OF STAT	E		•	
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REMSTATEMENT SERVICE	DIVISK	ON OF CORPORATIONS		60.5	1000 D	
DOCUMENT # F(0987	12.			97 NFC :	22 PM 1: 47	
1. Corporation Name						
SABEC, INC				SECRETARY OF STATE TALLAMASSES, FLORIDA		
Principal Place of Business	Mailing Address				Compr	
400 PANFERIO DR.	\mathcal{C}_{i}	AMES				
PENSACOLA BUH, FL	, , , , , , , , , , , , , , , , , , ,	,				
If above addresses are incorrect in any way, line thro	ough incorrect inform					
2. New Principal Office Address, If Applicable		fice Address, If Applicable	4. Date Incorp To Do Busi	porated or Qualified iness in Florida		
Suite, Apt. #, etc. Suite, Apt. #, c		5. FEI Numb		er co	Applied For	
City & State	City & State		1572	731498	Not Applicable	
Zip Country	Z _i p	Country	CERTIFICAT	E OF STATUS DESIRED	75 Additional Fee required or a Certificate of Status	
7. Names and Street Addresses of Each Officer and/	or Director (Florida n	conprofit corporations must list at I Street Address of Ea	, . <u> </u>	7		
Title(s) and/or Directors		Officer and/or Direct (Do NOT Use Post Office Box	or	mbers) 4 City / State / Zip		
P,S, SAM RECKER		400 PANFERIOS		R. PENSACOIA BCH.		
1, B JAM BEGGER		(OUTHNEELING	$\mathcal{D}^{(c)}$	FC. 52	06/	
			20	0002384 -12/29/970	4325 1072-008	
				****165.00	****165.00	
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				100	20)	
				Dar		
8. Name and Address of Current R	tegistered Agent		9. Name and	Address of New Registered A		
SAM BECKER		Name				
SAMBECKER YOU PANFERIU DR. PENSACOLA BUH, FL City			(P.O. Box Number	00002384	4325	
Day CAMA BEH. FL			c.	-12/29/970 *******8.75	1072~~009 .******8.29	
325	61	City		Siale FL	Zip Code	
10. I, being appointed the registered agent of the above	o named corporation	, am familiar with and accept the	obligations of Secti	ion 607.0505, F.S.		
Signature of Registered Agent	GISTERED AGENT I	MUST SIGN		Date 12-3-97	>	
11. Does this corporation pay a	ny intangible	tax to the	t	— (See other side	for information	
Dept. of Revenue under S.			₩ No L		pible tax.)	

12. Learlify 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.

Division of Corporations Reinstatement Division

Re: Sabec Inc.

On April Third of this year I mailed to the division of corporations my annual report along with a check for \$165.00. Along with this I filed a change of address. I have never received any notice that you did not receive this report. I have now become aware that you did not in fact receive it or it was misfiled. Please reinstate the corporation. Our new address is 400 Panferio Dr., Pensacola Beach, Fl. 32561. Our phone number is still 850 932 9900.

Sam Becker

PLEASE SOND A CONTIFICATE OF STATUS.