PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 JAN -5 AM 8:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F96000000942

1. Corporation Name
SGPS, INC.

Principal Place of Business	Mailing Address
1744 ABALONE ~~AVE~~	1744 ABALONE ST
TORRANCE CA 90501	TORRANCE CA 90501

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

2. New Principal Office Address, If Applicable
AVE.
Suite, Apt. #, etc.
City & State
Zip | Country

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip | Country

4. Date Incorporated or Qualified To Do Business in Florida: 02/23/1996

5. FEI Number: 33-0692379 | 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
~~DCPC~~	~~OWEN, BARRIE~~	~~6061 RIDGEWOOD AVE~~	~~COCOA BCH FL 32931~~
P,D	OWEN, BARRIE	6061 RIDGEWOOD AVE.	COCOA BCH, FL 32931
~~T~~	~~OWEN, BARRIE~~	~~6061 RIDGEWOOD AVE~~	~~COCOA BCH FL 32931~~
VP,T,D	JASON SKY	6382 WARNER AVE #A	HUNTINGTON BCH CA 92647
~~DCV~~	~~WHITE, BRIAN~~	~~6061 RIDGEWOOD AVE~~	~~COCOA BCH FL 32931~~
VP,D	WHITE, BRIAN	2227 MORNING SIDE DR	CLEARWATER, FL 34624
S	BOURDAIES, STEVE	3633 STEPHEN M. WHITE DR.	SAN PEDRO, CA 90731

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****758.75 ****758.75

8. Name and Address of Current Registered Agent

~~OWEN, BARRIE~~
~~364 A E LANOSTREET RD~~
~~ORLANDO FL 32824~~

9. Name and Address of New Registered Agent

Name: JASON SKY
Street Address (P.O. Box Number is Not Acceptable): 364-A E. LANDSTREET RD.
Suite, Apt. #, Etc.:
City: ORLANDO, State: FL Zip Code: 32824

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.

Signature of Registered Agent: Jason Sky — REGISTERED AGENT MUST SIGN
Date: 12/30/97

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☒ No ☐ (See other side for information on intangible tax.)

12. 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: Jason Sky JASON SKY — 12/30/97 — 310-328-9844
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E040 (8/97)