PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION __FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

F97000001408 DOCUMENT #

1. Corporation Name

SAGER SALES CORPORATION

FILED

03 NOV 17 AMII: 48

SECRETARY OF STATE
TAIT AHASSEE, FLORIDA

) 	<u></u>	FINS	TAT	EMEN		ל		
Principal Place of Business Mailing Addr		ess Di	E-1174	0 2 8 0)			
97 LIBBEY INDUSTRIAL PARKWAY WEYMOUTH MA 02189		97 LIBBEY INDUSTRIAL PARKWAY WEYMOUTH MA 02189		VAY		70	00247 0301033-			
lf abovo s	oformation and a	ntor correctio	n holow	11/17/	'0301093-	-002 *	¥150	.00		
If above addresses are incorrect in any way, line through incorrect in 2. New Principal Office Address, If Applicable 3. New Mail			ing Office Address, If Applicable			4. Date Incorp	orated or Qualified			
Suite, Apt. #, etc. Suite, Ap		Suite, Apt. #,	# etc.			To Do Busir	ness in Florida	03/1	19/199	7
					-5. FEI Number				Applied For	
City & State		City & State		<u> </u>		04-3343151			Not Applicable	
Zip	Country	Zip	Co	puntry		6. CERTIFICATE	OF STATUS DESIR			onal Fee required ficate of Status
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)										
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director				City / State / Zip				
PBO	NORTON III, RAYMOND P	60-RESEARCH ROAD 382 Falm			Road Road	HINGHAM MA	East	•	,	
S	DROHAN, DAVID	pa			y Phillip	HINGHAM MA HINGHAM, MA				
FP	FLYNN, FRANCIS J	60 RESEARCH ROAD 73 Fam			Roud	HINGHAMMA Norwell, mr.				
D	NORTON, JONATHAN E				Bel Air	HINGHAM MA	14mg1			
D	METTERS, JOHN	BO-RESEARCH ROAD 123 Move			more	HINGHAM MA		nut	89	
									<u> </u>	
	8. Name and Address of Current I	ent		 -	9. Name and Address of New Registered Agent					
	DRPORATION SYSTEM		Street	Address (F	P.O. Box Number	is Not Acceptable)				
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			Suite, Apt. #, Etc.							
TENTINION I E GOVET										
		City					State	Zip Co	de	
10. I, being	appointed the registered agent of the abo	ve named corpo	oration, am famili	ar with and a	ccept the ob	oligations of Secti	on 607.0505, F.S.	or 617.0505,	F.S.	
Signature of Registered Agent SPECIAL ASSISTANT SECRETARY REGISTERED AGENT MUST SIGN										
this rein	that I am an officer or director or the receiv statement application, the reason for disso y the corporation have been paid and the r	lution has been	eliminated, the o	orporate nan	ne satisfies	the requirements	of section 607.040	1 or 617.040)1, F.S.,	that all fees

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DISTRIBUTING CONFIDENCE



November 13, 2003

Florida Department of State Division of Corporations Annual Report/Reinstatement Section PO Box 6327 Tallahassee, FL 32314-6327

Re: Application for Reinstatement Sager Sales Corporation Document ID # F97000001408

To Whom It May Concern:

We are in receipt of your notice of administrative Dissolution or Revocation informing us that Sager Sales Corporation has failed to file its 2003 corporation annual report in accordance with Florida Statutes, and has therefore been administratively dissolved or revoked. Please be aware that this is the first notice we received in reference to Sager Sales Corporation's Administrative Filing on fact; we received a certificate from the Secretary of State in September 2003, certifying that Sager Sales Corporation was a corporation in good standing in the State of Florida.

We have enclosed a completed application for reinstatement along with a check for \$150.00 and respectfully request that you waive the reinstatement fee.

Sincerely,

Francis J Flynn President