

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

96-2000

DOCUMENT # G68579

1. Corporation Name
S AND K INDUSTRIES, INC.

2. Principal Office Address
1603 W. Copans Road

3. Mailing Office Address

Suite, Apt. #, etc.

City & State
Pompano Beach, FL

City & State

Zip Country Zip Country
33064

4. Date Incorporated or Qualified To Do Business in Florida
11/09/1983

5. FEI Number
59-2379249

Applied For
Not Applicable

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

REINSTATEMENT 96-2000

7. Name and Address of Current Registered Agent

Name
Kenneth A. Jacobstein


Street Address (P.O. Box Number is Not Acceptable)
1603 W. Copans Road

Suite, Apt. #, Etc.

City
Pompano Beach

State Zip Code
FL 33064

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.

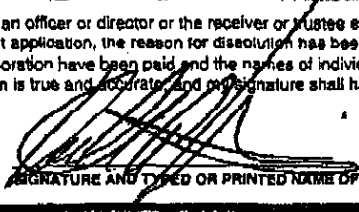
Signature of Registered Agent  Date **2/17/2000**

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D,P,S	Kenneth A. Jacobstein	1603 W. Copans Road	Pompano Beach, FL 33064
DVP	Ellen Altman Jacobstein	1603 W. Copans Road	Pompano Beach, FL 33064

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 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:  **Kenneth A. Jacobstein** Date **2/17/2000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

H00-75721