


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION

 **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G96171

1. Corporation Name

SAC MERCANTILE CO., INC.

2. Principal Office Address

1649 N. MILITARY TRL

Suite, Apt. #, etc.

City & State

WEST PALM BEACH, FL

Zip

33409

Country

3. Mailing Office Address

1649 N. MILITARY TRL

Suite, Apt. #, etc.

City & State

WEST PALM BEACH, FL

Zip

33409

Country

4. Date Incorporated or Qualified To Do Business in Florida

04-13-84

5. FEI Number

59-2404044

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

700014453307
03/24/03--01009--028 **300.00

FILED

03 MAR 18 PM 2:55

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

7. Name and Address of Current Registered Agent

Name

SAMUEL J. ZACKOWITZ

Street Address (P.O. Box Number is Not Acceptable)

1649 N. MILITARY TRL

Suite, Apt. #, Etc.

City

WEST PALM BEACH

State
FL

Zip Code
33409

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

[Handwritten Signature]

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 |
|--------|-----------------------------------|--|---------------------------|
| D | SAMUEL J. ZACKOWITZ | 1649 N. MILITARY TRL | WEST PALM BEACH, FL 33409 |
| | | | |
| | | 02-03 | UBC |
| | | | 78 |
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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:

[Handwritten Signature]

SAMUEL J. ZACKOWITZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

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SAC MERCANTILE CO., INC.

TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

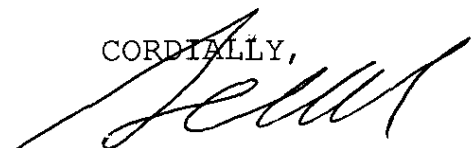
TO WHOM IT MAY CONCERN:

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

I NEVER RECEIVED ANY NOTICE FROM YOUR OFFICE FOR 2002 UNIFORM BUSINESS REPORT. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.

CORDIALLY,


SAMUEL J. ZACKOWITZ
DIRECTOR