

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

00 MAR 28 PM 3:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H10195

1. Corporation Name

SABERN CONSTRUCTION CORP.

Principal Place of Business

Mailing Address

150 SW 12TH AVE
STE 201
POMPANO BEACH FL 33069
US

150 SW 12TH AVE
STE 201
POMPANO BEACH FL 33069
US

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



2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

06/28/1984

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2431542

Applied For

Not Applicable

City & State

City & State

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 3	City / State / Zip 4
DPS	BERNSTEIN, STUART A.	8781 N W 49TH DR	CORAL SPRINGS FL
DVS	BERNSTEIN, ROBERT	150 SW 12TH AVE., SUITE 340	POMPANO BEACH FL 33069
DT	BEEBE, JOHN	150 SW 12TH AVE., SUITE 340	POMPANO BEACH FL 33069
			000003203250--0 -04/11/00--01052--013 ****750.00 ****750.00
			000003203250--0 -04/11/00--01052--014 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JASON UNGER
150 SW 12TH AVE #201
POMPANO BCH FL 33069

Name

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

301 South Bronough Street

Suite, Apt. #, Etc.

600

City

Tallahassee

State

FL

Zip Code

32301

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 3-13-00

11. 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: *SIGNATURE REQUIRED*
SIGNATURE AND PRINTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-00 954-781-4500
Date Daytime Phone #

CR2E040 (8/99)