

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
04 JUN -2 AM 11:06

DOCUMENT # H51529

1. Corporation Name  
SAC Distributors International, Inc

REINSTATEMENT 03.09

2. Principal Office Address <u>2220 CR 210W</u>		3. Mailing Office Address <u>2220 CR 210W</u>	
Suite, Apt. #, etc. <u>Suite 108-330</u>		Suite, Apt. #, etc. <u>Suite 108-330</u>	
City & State <u>Jacksonville, FL</u>		City & State <u>Jacksonville, FL</u>	
Zip <u>32259</u>	Country <u>USA</u>	Zip <u>32259</u>	Country <u>USA</u>

000037767050  
06/08/04--01031--017 \*\*300.00

4. Date Incorporated or Qualified To Do Business in Florida <u>4-4-1985</u>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. FEI Number <u>59-2511178</u>	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name <u>Charles W. Cook, III</u>		
Street Address (P.O. Box Number is Not Acceptable) <u>905 Mackinaw Trail</u>		
Suite, Apt. #, Etc. <u></u>		
City <u>St. Augustine</u>	State <u>FL</u>	Zip Code <u>32092</u>

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 [Signature] Date 6-1-04

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
<u>President</u>	<u>Charles W. Cook, III</u>	<u>905 Mackinaw Trail</u>	<u>St Augustine, FL 32092</u>

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 118.07(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] Charles W. Cook, III  
Date 6-1-04 Daytime Phone # 909-262-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (01/04)



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SAC Distributors International, Inc.  
2220 CR 210 W, Suite 108-330 • Jacksonville, FL 32259  
Phone (904) 262-6000

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June 1, 2004

Florida Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

To Whom It May Concern:

Please waive the 2003 reinstatement fee for SAC Distributors International, Inc. (H51529) as we have not received any correspondence from you since our company moved. Thank you for your consideration.

Sincerely,

A handwritten signature in cursive script that reads "Charles Cook".

Charles Cook, President