

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
01 MAR 12 PM 4:15
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **K13058**

1. Corporation Name
SADOWSKY ENTERPRISES, LLC

2. Principal Office Address
12795 NW 18th Manor

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

PEMBROKE PINES, FL

Zip

Country

Zip

Country

33026

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0040654

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Lewis SADOWSKY

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

12795 NW 18th Manor

Suite, Apt. #, Etc.

City

PEMBROKE PINES

State

FL

Zip Code

33029

REINSTATEMENT 94-01

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]

REGISTERED AGENT MUST SIGN

Date

3-7-01

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
Pres/Off	Lewis SADOWSKY	12795 NW 18th Manor	Pembroke Pines, FL 33028
VP	Beth SADOWSKY	12795 NW 18th Manor	Pembroke Pines, FL 33028
Treas	LOH SADOWSKY	12795 NW 18th Manor	Pembroke Pines, FL 33028
Dir.	Gloria SADOWSKY	12795 NW 18th Manor	Pembroke Pines, FL 33028

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

Date

Daytime Phone #

3-7-01

954-562 8524

CR2E081 (9/00)