

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 10 AM 9:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K18485

1. Corporation Name

SALES BUILDERS PROMOTIONS, INC.

Principal Place of Business

Mailing Address

7605 DAVIE RD EXTENSION
HOLLYWOOD FL 33024

7605 DAVIE RD EXTENSION
HOLLYWOOD FL 33024

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



REINSTATEMENT 03

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

03/18/1988

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0056507

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
PST	BROWN, DAVID	1042 S SOUTHLAKE DR	HOLLYWOOD FL 33019
D	BROWN, DAVID	1042 S SOUTH LAKES DR	HOLLYWOOD FL

600023713616
10/10/03--01076--015 **150.00

8. Name and Address of Current Registered Agent

ARENSON, GARY L
10231 TAFT STREET
PEMBROKE PINES FL 33026

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of Registered Agent

[Signature]
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/8/03

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]
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/8/03

Daytime Phone #

954-435-4200

CR2E040 (7/03)



OFFICE & SHOWROOM
7605 Davie Road Extension
Hollywood, Florida 33024
(954) 435-4700
FAX # (954) 436-0242
E-MAIL: logo@shadow.net

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

10/08/03

Enclosed is the form e received from your office today. We did not receive an Annual Report Form during the previous 10 months.

Also enclosed is our check for \$150 and request that the re-instatement fee be waived as we had not received any forms prior to this one.

Thank you for your attention to this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "David G. Brown", written in a cursive style.

David G. Brown
President