

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 31 AM 8:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

K25733

1. Corporation Name

SDB MANAGEMENT GROUP
9050 CLASIC COURT
ORLANDO, FLORIDA 32819

2. Principal Office Address

9050 CLASIC COURT

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO, FLORIDA

City & State

Zip 32819

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

JUNE 3, 1988

5. FEI Number

59-2893010

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03

7. Name and Address of Current Registered Agent

Name

J.L. SAUNDERS

700025900017

12/31/03--01058--008 **750 00

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

9050 CLASSIC COURT

Suite, Apt. #, Etc.

City

ORLANDO, FLORIDA

State

FL

Zip Code

32819

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

J.L. Saunders

REGISTERED AGENT MUST SIGN

Date

11/25/03

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.	J.L. SAUNDERS	9050 CLASSIC COURT	ORLANDO FLORIDA 32819
VP	JAN SAUNDERS	6169 MASTERS BLVD	ORLANDO FLORIDA 32819
TREA.	JACK OPPENHEIMER	6319 MARINA DRIVE	ORLANDO, FLORIDA 32819
SEC	CHARLIE CARLTON	1143 RESERVE POINT DR	WINTER PARK FLORIDA 32789

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)(f), 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: J.L. SAUNDERS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/25/03

Date

321-229-5177

Daytime Phone #

CR2E081 (10/02)