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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
03 DEC 12 AM 4:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L65498

1. Corporation Name
SANKAS ASSOCIATES, INC.

2. Principal Office Address	3. Mailing Office Address
Post Office Box 2160	Post Office Box 2160
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: St. James, New York	City & State: St. James, New York
Zip: 11780 County: US	Zip: 11780 County: US

4. Date Incorporated or Qualified To Do Business in Florida: 04/26/90

5. FEI Number: 593012799 Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED

7. Name and Address of Current Registered Agent

Name: BLAIR M. JOHNSON

Street Address (P.O. Box Number is Not Acceptable): 425 South Dillard Street

Suite, Apt. #, Etc.

City: Winter Garden State: FL Zip Code: 34787

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0303, F.S.

Signature of Registered Agent: _____ Date: 12/10/03
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of each Officer and/or Director (Florida non-profit corporations must list at least 3 directors)

Title	Name of Officer and/or Director	Street Address of Each Officer and/or Director	City / State / Zip
P/D	SANDERINA KASPER	Post Office Box 2160	St. James, New York 11780

REINSTATEMENT 02-03

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 applicable name exhibits the endorsement of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of officers and directors 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: Sanderina R. Kasper Sanderina Kasper, President 12/11/03 (631) 724-2050
SIGNATURE AND TITLE OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — DATE — DAYTIME TELEPHONE #

Florida Department of State

Division of Corporations
Public Access System

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     Division of Corporations
     Fax Number     : (850)205-0384

From:
     Account Name   : CORPORATION SERVICE COMPANY
     Account Number : I20000000195
     Phone          : (850)521-1000
     Fax Number     : (850)521-1030
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CORPORATION REINSTATEMENT

SANKAS ASSOCIATES, INC.

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