


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 OCT 29 PM 1:09

DOCUMENT # M27517

1. Corporation Name

SAB CORPORATION

Principal Place of Business

Mailing Address

3155 W. BROWARD BOULEVARD
FT. LAUDERDALE FL 33313

3155 W. BROWARD BOULEVARD
FT. LAUDERDALE FL 33313



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

02/17/1986

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2642974

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PST	NUWAR, MONTY A	3155 W. BROWARD BLVD.	FT. LAUDERDALE FL

700004689917--8
-11/20/01--01080--012
****150.00 ****150.00

Dr. M. A. Nuwar

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LESKAR, DAVID W ESQ.
409 S.E. 7TH STREET
FT. LAUDERDALE FL 33301

Name

MONTASER A- NUWAR

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

3155 W. Broward Blvd

Suite, Apt. #, Etc.

FT. LD FL

City

State

Zip Code

FL

33312

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.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10-22-01

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-22-01

M A T T H E W J . K A H N , P A

C E R T I F I E D P U B L I C A C C O U N T A N T S

Member American Institute of Certified Public Accountants
Member Florida Institute of Certified Public Accountants

3527 Griffin Road
Fort Lauderdale, FL 33312

Office: 954-851-9996
Fax: 954-838-9212

E-mail address: MKAHNCPA@AOL.COM

October 23, 2001

Florida Division of Corporation
PO BOX 6327
Tallahassee, FL 32314-6327

RE: SAB Corporation
FEI 59-2642974

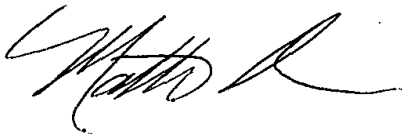
To Whom It May Concern:

Enclosed are the application for reinstatement and a check for \$150.00. The above taxpayer mailed the corporate annual report on March 31, 2001. Enclosed is a copy of the certified mail receipt. We are requesting that the entity be reinstated and that the penalties be removed since the application was filed before the due date.

We have determined after reviewing our records that the check did not clear the bank. We will be placing a stop payment on that check with our bank.

Should you have any questions regarding this matter, please contact our office.

Sincerely yours,



Matthew Kahn, CPA