PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
11 DEC 28 AM 9:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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12/28/11--01033--023 **341.25

10-11 CR2E081 (11/10)

DOCUMENT # N97000000693

1. Corporation Name
SAC, Inc

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
300 SANDPIPER DRIVE		300 SANDPIPER DR	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
VENICE, FL		VENICE, FL	
Zip	Country	Zip	Country
34285	USA	34285	USA

4. Date Incorporated or Qualified To Do Business in Florida: FEB 4, 1997

5. FEI Number: 65-0738914 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $5.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: SCOTT GORDON

Street Address (P.O. Box Number is Not Acceptable): TWO N TAMIAMI TRL

Suite, Apt. #, Etc.: STE 500

City	State	Zip Code
SARASOTA	FL	34286

REINSTATEMENT

12/29

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: Scott G — REGISTERED AGENT MUST SIGN Date: 12-19-11

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
P	CARMEN WALLIN	478 BOXWOOD DRIVE	VENICE, FL 34285
VP	BETTY PRATT	492 SANDRIFTR DRIVE	VENICE, FL 34285
S	PAM BROWN	500 LONGWOOD DRIVE	VENICE, FL 34285
T	JUDITH SUNZERE	522 ASHWOOD DRIVE	VENICE, FL 34285
D	GILBERT WEIDEMILLER	369 LONGWOOD DRIVE	VENICE, FL 34285
D	BARBARA MOOR E	536 WALNUT CIRCLE	VENICE, FL 34285

10. E-mail Address: judeelf@yahoo.com (To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Judith Sunzere JUDITH SUNZERE 12/16/2011 231-972-0259

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #