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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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02/27/03--01082--008 \*\*\*450.00

2001-2003 UBR

<b>CORPORATION</b> <b>REINSTATEMENT</b>				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P000000000804					
1. Corporation Name SAK Industries, Inc.					
2. Principal Office Address 4730 E. 10th Lane Suite, Apt. #, etc.			3. Mailing Office Address 4730 E. 10th Lane Suite, Apt. #, etc.		
City & State Hialeah, FL.			City & State Hialeah, FL.		
Zip 33013		Country		Zip 33013	
				Country	

4. Date Incorporated or Qualified To Do Business in Florida 1-4-00	
5. FEI Number 65-0970897	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name Simon Fernandez		
Street Address (P.O. Box Number is Not Acceptable) 10380 SW 28 ST.		
Suite, Apt. #, Etc.		
City Miami	State FL	Zip Code 33165

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

REGISTERED AGENT MUST SIGN

Date

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.	Simon Fernandez	10380 S.W. 28 Street	Miami, FL. 33165

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)(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 #

2/10/03

CR2E081 (10/02)

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TO: DIVISION OF CORPORATION  
P.O. BOX 6327  
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

I NEVER RECEIVED ANY NOTICE FROM YOUR OFFICE FOR THE 2001  
UNIFORM BUSINESS REPORT. I HAVE NOT CHANGED MY PRINCIPAL OR  
MAILING ADDRESS SINCE I INCORPORATED.

PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT MY CORPORATION IN ITS  
ACTIVE STATUS AND TO WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER.

CORDIALLY



SIMON FERNANDEZ  
PRESIDENT