

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 FEB -4 AM 11:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P0000106460

1. Corporation Name

Savant Holdings, Inc.

800011785428
02/04/03--01065--007 **300.00

2. Principal Office Address

5261 Palmetto Woods Drive

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Naples, Florida

City & State

Zip

34119

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/15/2000

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Miami Corporate Systems, Inc.

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

283 Catalonia Avenue

Suite, Apt. #, Etc.

2nd Floor

City

Coral Gables

State

FL

Zip Code

33134

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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date 01/27/03

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
DPTS	Stephen Savant	5261 Palmetto Woods Drive	Naples/FL/34119

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

01/27/2003 (954) 553-0990

Date

Daytime Phone #

CP2E081 (10/02)

95 2/10/03

RASCO REININGER PEREZ & ESQUENAZI, P.L.
ATTORNEYS & COUNSELORS AT LAW

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Of counsel

*Board Certified-Business Litigation

January 29, 2003

Via Certified Mail

Florida Department of State
Division of Corporations
Attn: Partnership Section
409 E. Gaines Street
Tallahassee, FL 32399

Re: Reinstatement of Savant Holdings, Inc. (the "Corporation")
Document # P00000106460

Dear Sir or Madam:

Enclosed please find a Corporation Reinstatement application for the above-referenced Corporation. Further enclosed is check number 8008 in the amount of \$300.00, which amount represents the reinstatement fee through 2003. Please be advised that the 2002 Annual Business Report was never received.

Thank you for your prompt attention to this matter. Please do not hesitate to contact me should you have any further questions.

Very truly yours,

RASCO REININGER PEREZ & ESQUENAZI, P.L.



Desiree M. Cuason
For the Firm