

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

2005 OCT 27 AM 8:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000025530

1. Corporation Name

SAP SPECIALISTS, INC.

2. Principal Office Address

3221 S. Andrews Ave.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 21842

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

City & State

Fort Lauderdale, FL

Zip

33316

Country

USA

Zip

33316

Country

USA

300060898483

10/24/05--01056--031 \*\*1058.75

REINSTATEMENT

03-05

4. Date Incorporated or Qualified  
To Do Business in Florida

03/12/01

5. FEI Number

65-1093391

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

Paul Ranger

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

3221 S. Andrews Ave.

Suite, Apt. #, Etc.

City

Fort Lauderdale

State

FL

Zip Code

33316

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

*Ranger*

REGISTERED AGENT MUST SIGN

Date 10/03/05

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
PSTD	Paul Ranger	3221 S. Andrews Ave.	Fort Lauderdale, FL 33316

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:

*Ranger*

PAUL RANGER

10/03/05

954 600 0427

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/28