

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

RECEIVED
 SECRETARY OF CORPORATION
 DIVISION OF CORPORATIONS
 03 OCT -6 PM 2:18

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000107506

1. Corporation Name

SBK CORP.

2. Principal Office Address

2221 S.W. 60th WAY

Suite, Apt. #, etc.

A

City & State

MIRAMAR, FL

Zip

33023

Country

USA

3. Mailing Office Address

20281 E. COUNTRY CLUB DRIVE

Suite, Apt. #, etc.

1401

City & State

AVENTURA, FL

Zip

33180

Country

USA

800023921188
10/20/03--01004--001 **750.00

REINSTATEMENT 03

4. Date Incorporated or Qualified To Do Business in Florida

10/1/02

5. FEI Number

32-0053322

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

MARTIN BLOOM

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

20281 E. COUNTRY CLUB DR

Suite, Apt. #, Etc.

1401

City

AVENTURA

State
FL

Zip Code

33180

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

10/3/03

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
<u>P</u>	<u>MARTIN BLOOM</u>	<u>20281 E. COUNTRY CLUB DR #1401</u>	<u>AVENTURA, FL 33180</u>

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:

[Handwritten Signature] MARTIN BLOOM
PRES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/3/03

Date

305-937-2203

Daytime Phone #

CR2E081 (10/02)