PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION. FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P02000131209

1. Corporation Name

E-Z SORTER, INC.

Principal Place of Business

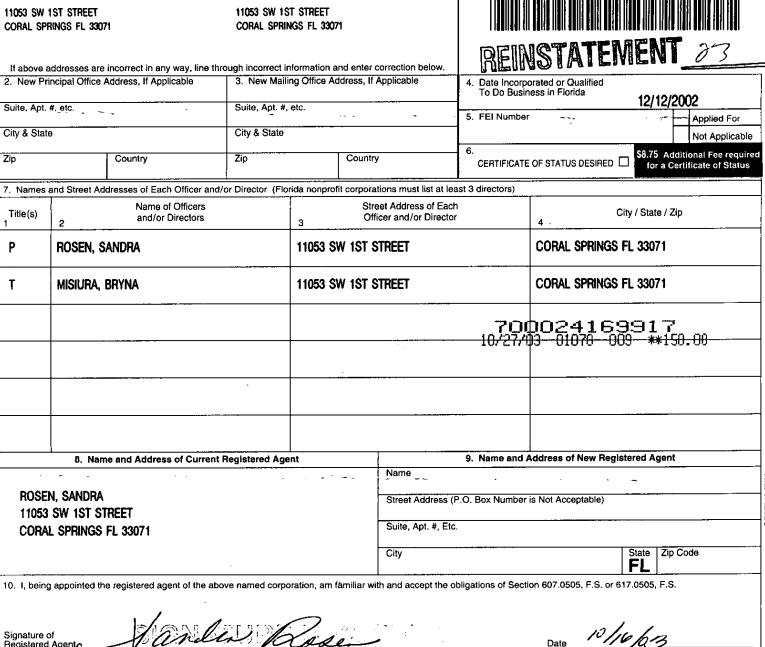
Mailing Address

11053 SW 1ST STREET

11053 SW 1ST STREET

FILED

03 OCT 27 PM 12: 24



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., 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.

Registered Agent

REGISTERED AGENT MUST SIGN

10/16/03

Daytime Phone #

OCTOBER 16, 2003

FLORIDA DEPT. OF STATE
DIVISION OF CORPORATIONS
ANNUAL REPORT/REINSTATEMENT
SECTION ...
PO BOX 6327
TALLAHASSEE FL 32314-6327

RE: REINSTATEMENT OF OUR CORP., E-Z SORTER

DEAR SIR:

THIS IS THE ONE AND ONLY UBR FILING NOTICE THAT WE HAVE RECEIVED. WE HAVE NOT RECEIVED ANY PREVIOUS NOTICES.

THEREFORE, WE ARE SUBMITTING OUR CHECK FOR \$150.00.

VERY TRULY YOURS,

SANDRA H. ROSEN

PRESIDENT E-Z SORTER