

P94000070201

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 SEP 20 AM 8:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000070201
Corporation Name Sanders Group, Inc.

Principal Office Address: 2338 Immokalee Rd., Ste. 225, Naples, FL 34110, USA
3. Mailing Office Address: 2338 Immokalee Rd., Ste. 225, Naples, FL 34110, USA

500003399915--7
-09/21/00--01002--007
****900.00 ****900.00
4. Date Incorporated or Qualified To Do Business in Florida: 10/28/91
5. FEI Number: 65-029 2032
6. CERTIFICATE OF STATUS DESIRED [] \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent
Name: Warren Kantor
Street Address: 2338 Immokalee Rd.
Suite, Apt. #, Etc.: Ste. 225
City: Naples, State: FL, Zip Code: 34110

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: [Signature] Date: 9/18/00
REGISTERED AGENT MUST SIGN

Table with 3 columns: Titles, Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Includes entries for Lorri Blank, Paul Kirk, and Warren Kantor. Includes handwritten note: Reinstate 9-21-00 PHT

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] 9/18/00 215-656-4300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/99)