۸ ایک	F	PLEASE REAL	ALL INS	RUCZION A DE ALL	BEFORE		ING THIS FORM	и .		
4	FOR	7			Harris		•			
RZINSTATEMENT DIVISION OF CORPORATIONS						FILED				
DOCUMENT # P95000030139							99 OCT 15 PM 3: 56			
SALES ASSOCIATES OF SOUTH FLORIDA, INC.							SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal P	lace of Busines	s	Mailing Add	Mailing Address 750 E SAMPLE RD SUITE 225 POMPANO BEACH FL 33064						
	BEACH FL 33064		SUITE 225 POMPANO BI							
		dress, If Applicable		3. New Mailing Office Address, If Applicable			Date Incorporated or Qualified To Do Business in Florida			
Suite, Apt. #, etc.			Sulte, Apt. #	, etc.		04/18/1995 5. FEI Number Applied For				
City & State			City & State			6.	65-0574787	Not Applicable		
Zip		Country	Zip	Cod	untry		E OF STATUS DESIRED	\$8.75 Additional Fee required for a Certificate of Status		
7. Names	and Street Add	resses of Each Officer a	nd/or Director (F)	orida nonprofit cor	Street Address of Ea	ch	T			
Title(s) and/or Directors			3 Offi		Officer and/or Direct	OF City / State / Zip POMPANO FL 33062				
P JAKAB, GLORIA			8 BRINY AVE 8 BRINY AVE							
V FLEMING, MICHAEL						POMPANO FL \$3062				
					N 1785	(0000302 -10/22/99- ****150.0	16982 01008012 		
								8P		
	8. Name	and Address of Curre	nt Registered Aç	jent	Name	9. Name and	9. Name and Address of New Registered Agent		6	
FLEMII	NG, MICHEAL					(P.O. Box Numbe	r is Not Acceptable)		CROHOMO (9/9	
8 BRINY AVE #504 POMPANO BEACH FL 33062					Suite, Apt. #, E	tc.			800	
1 011117	THE BESTON	1 E 0000E			City			tate Zip Code	l	
10. I, bein	g appointed the	registered agent of the	above named corp	poration, am familia	ar with and accept the	obligations of Sec	lon 607.0505, F.S.	<u>'L</u>	ł	
Signature of Registered	of I Age	chy	REGISTERED A	GENT MUST SIGN	UIRED	· · · · · · · · · · · · · · · · · · ·	Date	:/99		
this rei	instatement app by the corporation	lication, the reason for d	issolution has bee he names of indiv	n eliminated, the c iduals listed on this	corporate name satisfic s form do not qualify for	es the requirement or an exemption u	napter 607 or 617, F.S. I furt is of section 607,0401 or 61 nder section 119.07(3)(i), F.	ther certify that when filing 7.0401, F.S., that all fees .S. The information indicated		
SIGNA	TURE!	So	riase	rhab	RED	19/13/04	9 954	943-0744		
	्री ज ा	SNATURE AND TYPED OR	RIA S	IAKA	OR DIRECTOR	7	Date	Daytime Phone #		

Sales Associates. "For People On The Move"

October 13, 1999

Dept. of State of Florida Divisions of Corp. 406 East Gaines St. Tallahassece, Fl. 32399

Attn: Michelle Milligan Re: Reinstatement Doc. #P9500003010139

Dear Michelle,

As per our conversation today, I am sending a check for \$150.00. I explained that we did not receive our notice for some unknown reason. I promise in the future that we will pay on time, In the event that we are late we promise to be expected to pay the penalty. Thank you for your help.

Respectfully.