PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.		
FOR	A DEPARTMENT OF STATE Sandra B. Mortham Secretary of State IVISION OF CORPORATIONS	FILED
DOCUMENT # POSODD DUU 741 1. Corporation Name		97 MAY 29 AM 9: 14
SDS CONSTRUCTION (O. Principal Place of Business Mailing Address 12151 SW 202 ST # 2210		SECRETARY OF STATE TALLAHASSEE, FLORIDA
		REINSTATEMENT 96-97
	ng Office Address, If Applicable	4. Date Incorporated or Qualified To Do Business in Florida 8-29-95
Suite, Apt. #, etc. Suite, Apt. #, City & State City & State	etc. N/V	5. FEI Number Applied For Not Applied For Not Applicable
Zip Country Zip	Country	6. CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Title(s) Name of Officers and/or Directors Officer and/or Directors (Do NOT Use Post Office Box Numbers) PRBS DONOVON FOSTER 1215/ SVY 20 > ST #240 MIAMI, FL - 33177		
		3000022003732 -06/03/97-01105-012 ****915.00 *****915.00
8. Name and Address of Current Registered Age	nt	9. Name and Address of New Registered Agent
Ameri Layers. Corol Gables. Florida.	Suite, Apt. #, Etc.	FI State Zip Code
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent Date 5 - 28 - 9.7 REGISTERED AGENT MUST SIGN		
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)		
12. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		

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