

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


APPROVED
FILED

07 DEC -3 AM 10:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LB
12-5-07

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000006868

1. Corporation Name
SANDERS BUILDING GROUP, INC.

2. Principal Office Address - No P.O. Box # 4271 Lindsey Lane		3. Mailing Office Address 4271 Lindsey Lane	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Pace, Florida		City & State Pace, Florida	
Zip 32571	Country United States	Zip 32571	Country United States

CR2E081 (1/07)
REINSTATEMENT 01-07

4. Date Incorporated or Qualified To Do Business in Florida 1/08/1996	Applied For Not Applicable
5. FEI Number 650639382	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name: RUSSELL F. BERGIN, ESQUIRE

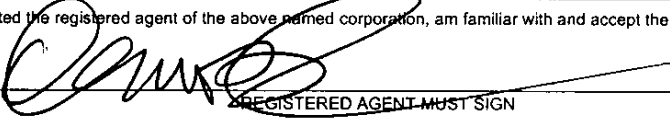
Street Address (P.O. Box Number is Not Acceptable): 189 SOUTH ORANGE AVENUE

Suite, Apt. #, Etc.: 900-5

City: ORLANDO State: FL Zip Code: 32801

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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:  Date: 11-29-07

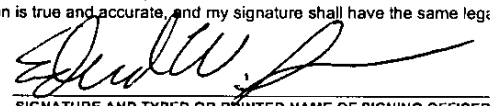
REGISTERED AGENT MUST SIGN

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
P	Edward W. Sanders	4271 Lindsey Lane	Pace, Florida 32571

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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 contained in Chapter 119, 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:  Date: 11/30/07 Daytime Phone #: 850-377-6222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR