PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **P96000027080**

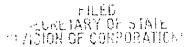
1. Corporation Name

SAWGRASS BUSINESS DEPOT, INC.

Principal Place of Business

SIGNATURE:

Mailing Address



00 NOV -2 PM 1:52

601 NORTHWEST 12TH AVENUE POMPANO BEACH FL 33069			601 NORTHWEST 12TH AVENUE POMPANO BEACH FL 33069							
lf about as	ldraceae ara i	incorract in any way, line this	ough incorrect in	formation ar	nd enter co	rrection below	INST	TEMENTO	00	
If above addresses are incorrect in any way, line through incorrect 2. New Principal Office Address, If Applicable 3. New Ma				ing Office Address, If Applicable			Date Incorporated or Qualified To Do Business in Florida 03/26/1996			
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. FEI Number	Applied For		
City & State			City & State				6.	A T		
Zip	Country		Zip Country			CERTIFICATE OF STATUS DESIRED \$8.75 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)	e(s) Name of Officers and/or Directors 2			Street Address of Each Officer and/or Director 3				-11/20/01/-50 4 ****758.75	1016027 *****758.75	
PD	METZGER, THOMAS J			601 N.W. 12TH AVE				POMPANO BEACH FL	33069	
Ayda Ayda	METZGER, MICHAEL J			601 NW 12TH AVE				POMPANO BEACH FL	33069	
D	Metzger Steve			601 NW 12TH AVE				POMPANO BEA	ACH FL 33069	
vP/D	10 Metzger Thomas S			601 NW 12TH AVE			E	POMPANO BEACH FL. 33069		
				Jan 1142						
							8	D = 11/10		
8. Name and Address of Current Registered Agent						Name and Address of New Registered Agent				
						Name John T. Metzger				
METZGER, MICHAEL J 601 NW 12 AVE				Street Address (P.O. Box Numb						
POMPANO-BEACH FL 33069_					Suite, Apt. #, Etc.					
$A \cap M$						West Palm Beach State Zip Code 33412				
10. I, being appointed the registered agent of the above of the torportion, am familiar with and accept the obligations of Section 607.0505, F.S.										
Signature of Registered Agent SIGNATUM REQUIRED Date 10/30/00									<u> </u>	
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.										

THOMAS J. METZGER, as President

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