## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FLORIDA DEPARTMENT OF STATE

APPLICATION FOR REINSTATEMENT	Katheri Secreta	TMENT OF STATE ne Harris ry of State corporations		SIVISION (	FILEO TARY OF STAIL OF CORPORATIONS
DOCUMENT # P9700002015  1. Corporation Name				01 OCT :	OF CORPORATIONS  31 PM 3: 36
SOUTHERN BUTTON INDUST	RIES, INC.				
Principal Place of Business Mailing Address					
6714 WHITE DR. WESTROADS IND'L PARK RIVIERA BEACH FL 33407 US	C/O PASTORE 50 BROA SUITE 808 NEW YORK NY 10004				
If above addresses are incorrect in any way, line through incorrect information and enter correction below.  2. New Principal Office Address, If Applicable  3. New Mailing Office Address, If Applicable			Date Incorpor	rated or Qualified	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		To Do Busine	ss in Florida	12/30/1996
City & State	City & State		5. FEI Number Applied For 13-3993602 Not Applied For		Applied For Not Applicable
Zip Country	Zip	Country	6.	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 nonprofi	t corporations must list at lea	st 3 directors)		
Title(s) 1  Name of Officers and/or Directors	3_	Street Address of Each Officer and/or Director		City	/ State / Zip
PD TAYLOR, DAVID5	6714 WHITE DR		RIVIERA BEACH FL 33407 500004693535—9 -11/25/0101071005		
				****550.	
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			16V	<del>\p0</del>	
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			'		
8. Name and Address of Current Registered Agent Name			9. Name and Address of New Registered Agent		
CIKLÍN, ALAN-J			O-Boy Number is	Not Acceptable) =	5
515 N. FLAGLER DR., #1700					
			· 		Photo Tip Code
City			State   Zip Code   FL		
10. I, being appointed the registered agent of the abo	ve named corporation, am fa	amiliar with and accept the of	oligations of Section	n 607.0505, F.S.	
, (50,000 N B M F	.स्ट <i>्रिस</i> ्ट स्ट्राज्यस्य वर्ष				
Signature of Registered Agent REQUIRED  REGISTERED AGENT MUST SIGN				Date	
11. I certify that I am an officer or director or the receithis reinstatement application, the reason for disso owed by the corporation have been paid and the ron this application is true and accurate, and my significant	ver or trustee empowered to lution has been eliminated, t names of individuals listed or	execute this application as p the corporate name satisfies in this form do not qualify for	the requirements o an exemption unde	f section 607.0401 or 61	7.0401, F.S., that all fees

SIGNATURE:

10 21/6 (

Daytime Phone #



October 24, 2001

To Whom It May Concern:

As per our phone conversation two days ago with your office in reference our *Uniform Business Report*, Doc #: P7000002015.

Attached please find our report and a copy of the check as sent to your office on July 31st, 2001.

Upon review with our bank this check has never been cashed and therefore we have to assume you never received it.

We were instructed by your office to re-issue the check and re-send in the form.

In light of the above we ask if you could please waive the penalty fees involved.

Thank you for your understanding.

Sincerely,

David Taylor President

FLORIDA OFFICE: P.O. Box 10210, 6714 White Drive, Westroads Industrial Park, Riviera Beach, Florida 33419-0210

Phone: 561.881.7778 • Fax: 561.881.8901