

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 FEB -9 PM 12:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000039753

1. Corporation Name

SBA HOLDINGS, INC.

Principal Place of Business

Mailing Address

8751 W. BROWARD BLVD., STE. 109  
PLANTATION FL 33324

8751 W. BROWARD BLVD., STE. 109  
PLANTATION FL 33324



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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

33331

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

05/05/1997

5. FEI Number

65-0758152

Applied For

Not Applicable

6. 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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	AFRICK, STEVEN B	8751 W BROWARD BLVD., SUITE 410	PLANTATION FL 33324
VP	AFRICK, Nanci	8751 W BROWARD BLVD, SUITE 410	PLANTATION FL 33324

REINSTATEMENT

900027247809  
02/13/04--01023--010 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #; Etc.

City

State

Zip Code

FL

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. or 617.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

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.

SIGNATURE:

Nanci Africk  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-04

Date

954-384-8896

Daytime Phone #

CR2E040 (7/03)

20fz

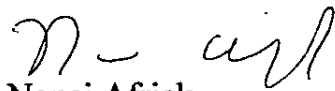
January 8, 2004

SBA Holdings, Inc.  
Document # P97000039753  
8751 W. Broward Blvd.  
Ste. 410  
Plantation, FL 33324

Dear Sir or Madam,

I recently received a "Notice of Administrative Dissolution or Revocation" from the Division of Corporations. I never received the original paperwork/Uniform Business Report, as the mailing address you have for this corporation is incorrect. It was sent to the wrong office, and I just received this notice. Please accept this payment and my apology for the situation. If you have any questions please contact me. I can be reached at 954-384-8896. Thank you for your assistance with this matter.

Sincerely,



Nanci Africk  
Vice President, SBA Holdings, Inc.