

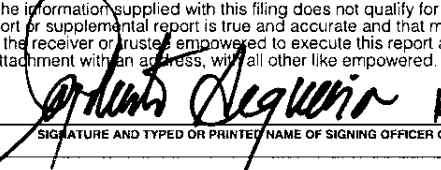


# 2004 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P97000054276</b> 1. Entity Name <b>SGA HOLDINGS, INC.</b>						<b>FILED</b> <b>04 OCT 20 PM 2:19</b> SECRETARY OF STATE TALLAHASSEE, FLORIDA REINSTATEMENT					
Principal Place of Business <b>811 PONCE DE LEON BLVD. CORAL GABLES, FL 33134</b>				Mailing Address <b>811 PONCE DE LEON BLVD. CORAL GABLES, FL 33134</b>							
2. Principal Place of Business		3. Mailing Address		 10192004 REIN-P CR2E098 (6/04)							
Suite, Apt. #, etc.		Suite, Apt. #, etc.									
City & State		City & State									
Zip		Country									
4. FEI Number <b>65-0763822</b>				Applied For <input type="checkbox"/> Not Applicable							
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Name and Address of Current Registered Agent							
<b>GAVARRETE, FERNANDO 811 PONCE DE LEON BLVD. CORAL GABLES, FL 33134</b>				7. Name and Address of New Registered Agent							
Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code				8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00											
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.											
10. OFFICERS AND DIRECTORS											
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
TITLE D <input type="checkbox"/> Delete NAME GAVARRETE, FERNANDO STREET ADDRESS 811 PONCE DE LEON BLVD. CITY-ST-ZIP CORAL GABLES, FL 33134								TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE D <input type="checkbox"/> Delete NAME SEQUEIRA, ROBERTO STREET ADDRESS 811 PONCE DE LEON BLVD. CITY-ST-ZIP CORAL GABLES, FL 33134								200042017922 10/20/04--01049--017 **158.75			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP								TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP								TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP								TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
SIGNATURE:  <b>ROBERTO SEQUEIRA</b>				10.19.04 441-1522							