

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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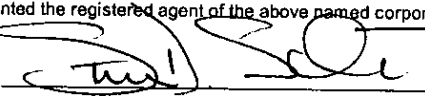
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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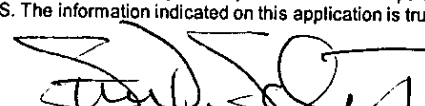
REINSTATEMENT 99-03

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000061747 1. Corporation Name SDS II, INC.			
2. Principal Office Address 100 W. CYPRESS CREEK RD Suite, Apt. #, etc. STE 820 City & State FORT LAUDERDALE FL Zip 33309 Country USA		3. Mailing Office Address 100 W. CYPRESS CREEK RD Suite, Apt. #, etc. STE 820 City & State FORT LAUDERDALE FL Zip 33309 Country USA	
4. Date Incorporated or Qualified To Do Business in Florida			
5. FEI Number 65-0849279		Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name STEVEN SCHWARTZ		
Street Address (P.O. Box Number is Not Acceptable) 100 WEST CYPRESS CREEK RD		
Suite, Apt. #, Etc. SUITE 820		
City FORT LAUDERDALE	State FL	Zip Code 33309

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 02-11-2003
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 Officers and/or Director	City/State/Zip
D	STEVEN SCHWARTZ	682 VERONA COURT	WESTON, FL 33326

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 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	STEVEN SCHWARTZ Date 02-11-03 Daytime Phone # 954.489.0888

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