

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 SEP 13 AM 8:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000065713

1. Corporation Name
S&D Building Enterprises, Inc.

300007834043--4
-09/18/02--01067--022
***1050.00 ***1050.00

2. Principal Office Address
5979 NW 151 Street

Suite, Apt. #, etc.
212

City & State
Miami, FL

Zip Country
33014 USA

3. Mailing Office Address
5979 NW 151 Street

Suite, Apt. #, etc.
212

City & State
Miami, FL

Zip Country
33014 USA

REINSTATEMENT 00-02

4. Date Incorporated or Qualified
To Do Business in Florida **7/27/98**

5. FEI Number **65-0854546**
Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Waldman Feluren & Trigoboff, P.A.

Street Address (P.O. Box Number is Not Acceptable)
2200 North Commerce Parkway

Suite, Apt. #, Etc.
Suite 202

City
Weston

State Zip Code
FL 33326

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

[Signature] **Pres.**

REGISTERED AGENT MUST SIGN

Date **9-10-02**

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 Officer and/or Director	City / State / Zip
P,T,D	David Schaecter	5979 NW 151 St., Suite 212	Miami, FL 33014
VP,S,D	Lawrence M. Schantz	2601 S. Bayshore Dr., #1600	Miami, FL 33133

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)(l), 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

September 10, 2002

Date Daytime Phone #

71 5/16/02