


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 APR 15 AM 10:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 02-03

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000105581			
1. Corporation Name SAPIMM, INC.			
2. Principal Office Address 1005 Main Street		3. Mailing Office Address 1005 Main Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Daytona Beach, FL		City & State Daytona Beach, FL	
Zip 32118	Country Volusia	Zip 32118	Country Volusia

4. Date Incorporated or Qualified To Do Business in Florida 12-21-98	
5. FEI Number 59-3548833	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name J. McMahon		
Street Address (P.O. Box Number is Not Acceptable) 1005 Main Street		
Suite, Apt. #, Etc.		
City Daytona Beach	State FL	Zip Code 32118

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

REGISTERED AGENT MUST SIGN

Date

4/10/03

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
PSTD	Sharon A. McKinney	1005 Main Street	Daytona Beach, FL 32118

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)(f), 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

Date

Daytime Phone #

SHARON A. MCKINNEY

4-06-03 847-382-0148

CR2E081 (10/02)

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