

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED  
02 DEC -9 AM 8:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # S08127

**1. Corporation Name**

S.D.G.B. Corp.

REINSTATEMENT 00-02

400009417384  
12/09/02--01046--017 \*\*1050.00

**2. Principal Office Address**  
21 St. George Place

**3. Mailing Office Address**  
Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Palm Beach Gardens

City & State

Zip Country  
33418 US

Zip Country

**4. Date Incorporated or Qualified**  
To Do Business in Florida 10/24/90

**5. FEI Number** 113001696  
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  
Larry Z. Glickman, Esq.

Street Address (P.O. Box Number is Not Acceptable)  
c/o Sachs, Sax & Klein, P.A., 301 Yamato Road

Suite, Apt. #, Etc.  
Suite 4150

City  
Boca Raton

State Zip Code  
FL 33431

**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 12/2/02

**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	Bruce Goldberg	20 Lawn Drive	East Hills, NY 11576
VP	Seth Goldberg	6 Edgewood Lane	East Hills, NY 11576
S	Glenn Goldberg	301 East 52nd Street	New York, NY

**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

Date 11/23/02  
Daytime Phone #

CR2E081 (9/01)