


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # S08127		
1. Entity Name S.D.G.B. CORP.		

Principal Place of Business 21 ST. GEORGE PLACE PALM BEACH GARDENS, FL 33418	Mailing Address 20 LAWN DRIVE EAST HILLS, NY 11576 US
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2. Principal Place of Business	3. Mailing Address ONE HOLLOW LANE
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 307
City & State	City & State LAKE SUCCESS, NY
Zip	Country USA

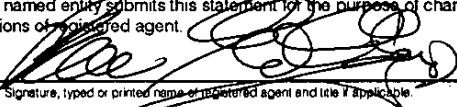
FILED
05 OCT 17 AM 11:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10072005 REIN-P CR2E098 (6/04)

6. Name and Address of Current Registered Agent GLICKMAN, LARRY Z ESQ. SACHS, SAX & KLEIN, PA 301 YAMATO ROAD, SUITE 4150 BOCA RATON, FL 33431		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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  **PRESIDENT** **10/11/05**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GOLDBERG, BRUCE 20 LAWN DRIVE EAST HILLS, NY 11576 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400060689404 10/17/05--01074--009 **158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GOLDBERG, SETH 6 EDGEWOOD LANE EAST HILLS, NY 11576 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition REINSTATEMENT 05
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GOLDBERG, GLENN 301 EAST 52ND STREET NEW YORK, NY <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition T. Robinson OCT 21 2005
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 empowerment.

SIGNATURE:  **10/11/05**
Signature and typed or printed name of signing officer or director Date Daytime Phone #