PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED FLORIDA DEPARTMENT OF STATE APPLICATION Sandra B. Mortham FOR 97 OCT 29 AM 8: 15 Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS SECRETARY OF STATE FALLAHASSEE, FLORIDA V63679 DOCUMENT # 1. Corporation Name SGM INC. Principal Place of Business Malling Address 1801 WEST ATLANTIC AVE. 1801 WEST ATLANTIC AVE. C-2 DELRAY BEACH FL 33444 **DELRAY BEACH FL 33444** REINSTATEMENT 9 If above addresses are incorrect in any way, line through incorrect Information and enter correction below 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable Date Incorporated or Qualified To Do Business in Florida 09/11/1992 Sulte, Apt. #, etc. Sulte, Apt. #, etc. 5. FEI Number Applied For 65-0357126 City & State City & State Not Applicable \$8.75 Additional Fee required for a Certificate of Status Zip Country Country CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) Title(s) City / State / Zip PD MORRELL, STEVEN G. **BOYNTON BEACH FL** 6228 LUANA CT. 200002335172---10/31/97--01068--005 \*\*\*\*750.00 \*\*\*\*750.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name MORRELL, STEVEN Street Address (P.O. Box Number Is Not Acceptable) 1801 WEST ATLANTIC AVE. **DELRAY BEACH FL 33444** Suite, Apt. #, Etc. City State Zip Code 10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent \_ 11. This corporation owes or has paid the current year (See other side for information Intangible Personal Property tax due June 30. on intangible tax.) Yes 12. 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

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SIGNATURE: STEVEN G 10-27-97 561-243-8135

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.