

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1292  
ATX1

**CORPORATION REINSTATEMENT**      FLORIDA DEPARTMENT OF STATE  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED  
 05 OCT -4 AM 8:49  
 TALLAHASSEE, FLORIDA

**DOCUMENT # P02000126865**  
 1. Corporation Name  
**S & A OF AMERICA, INC.**

2. Principal Office Address <b>3765 W. JOHN YOUNG PARKWAY</b>		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>ORLANDO, FL</b>		City & State	
Zip <b>32804</b>	Country <b>USA</b>	Zip	Country

**REINSTATEMENT** 05

4. Date Incorporated or Qualified To Do Business in Florida	<b>9/1/2002</b>
5. FEI Number <b>48-1292297</b>	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name  
**SAVETA PERSUAD**

Street Address (P.O. Box Number is Not Acceptable)  
**3765 W. JOHN YOUNG PARKWAY**

Suite, Apt. #, Etc.  
**500060202545**  
~~10/04/05-01009-014 \*\*150.00~~

City  
**ORLANDO**

State  
**FL**

Zip Code  
**32804**

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 *S. Persuad*      Date **9/28/2005**

REGISTERED AGENT MUST SIGN

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	SAVETA PERSUAD	3765 W. JOHN YOUNG PARKWAY	ORLANDO/FL/32804

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: *S. Persuad*      9/28/2005      407895933  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

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Robinson and Robinson Inc.

SEPTEMBER 28, 2005

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

To Whom It May Concern,

This letter is to inform you that S&A OF AMERICA, INC. , has relocated. The named Corporation did not receive a Annual Corporate Reports, for the year (2005). Due to these circumstances we are asking that you abate the reinstatement fees. The payment of \$150.00 is enclosed for the said years. If there are any questions you can contact me at (407) 895-5933. Document #P02000126865 Your consideration concerning this matter is greatly appreciated.

Cordially yours,



Maurice Robinson