

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



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

02 NOV 15 PM 5:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M 47779

1. Corporation Name

SAAB International, Inc.,

200009014372
11/15/02--01012--033 **1846.25

2. Principal Office Address

430 North Lake Shore Way

3. Mailing Office Address

430 North Lake Shore Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lake Alfred, FL

City & State

Lake Alfred, FL

Zip

33850

Country

Polk

Zip

33850

Country

Polk

4. Date Incorporated or Qualified
To Do Business in Florida

1988

5. FEI Number

59-2778337

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

Hafeez Bajwa

Street Address (P.O. Box Number is Not Acceptable)

430 North Lake Shore Way

Suite, Apt. #, Etc.

City

Lake Alfred

State
FL

Zip Code

33850

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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date November 6, 2002

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	Hafeez Bajwa	430 North Lake Shore Way	Lake Alfred, FL 33850

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:

[Handwritten Signature]

HAFEEZ BAJWA

11/6/2002

863/956-3998

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (8/01)

95 11/6

SAAB International, Inc
430 North Lake Shore Way
Lake Alfred, FL 33850

November 6, 2002

Department of State
Division of Corporations
409 East Gaines St
Tallahassee FL 32399


Dear Sir/Madam:

Enclosed is a request for Corporation Reinstatement, along with my check for \$1,846.25. Your office has informed me that this corporation was dissolved in 1991. Federal and state tax returns have been timely filed for every year since 1991, and, until a short time ago, I was unaware that this corporation had, in fact, been dissolved.

For some reason, we failed to receive the Filing Fee Notice for 1991 from Tallahassee. We had a different accountant in 1991, which may be the reason for non receipt of your notice; or it just got lost in the mail. We are therefore requesting that the penalty be waived.

If the penalty cannot be waived or if you need further information, please advise; otherwise I will look forward to receiving the certificate of status, as requested on the enclosed request for reinstatement.

Sincerely,


Hafeez Bajwa
President

Encls