PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 FEB 19 PM 3:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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1. Corporation Name

VOITURE LOCALE #492, INC. LA SOCIETE DES QUARANTE HOMMES ET HUIT CHEVAUX

REINSTATEMENT

2. Principal Office Address - No P.O. Box #	**3.** Mailing Office Address
221 Collins Avenue	221 Collins Avenue
Suite, Apt. #, etc.: #1	Suite, Apt. #, etc.: #1
City & State: Miami Beach, FL	City & State: Miami Beach, FL
Zip: 331397120 Country: US	Zip: 331397120 Country: US

4. Date Incorporated or Qualified To Do Business in Florida: 2/16/2007

5. FEI Number: 596153287 ☐ 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: David Patlak
Street Address (P.O. Box Number is Not Acceptable): 221 Collins Avenue
Suite, Apt. #, Etc.: #1
City: Miami Beach State: FL Zip Code: 331397120

☑ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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: D Patlak Date: 2/16/2007
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
PD	DAVID PATLAK	221 Collins Ave. #1	MIAMI BEACH, FL 33139-7120
VD	JAMES DONELIN	949 Pennsylvania Ave. #206	MIAMI BEACH, FL 33139
SD	SHAPIRO FELDMAN	1020 Meridian Ave, Apt 901	Miami Beach, FL 33139-8336
TD	CHARLES CECIL JR.	6215 S.W. 146th ST.	MIAMI, FL 33183

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 contained in Chapter 119, 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: D Patlak DAVID PATLAK 2/16/2007 305-519-4412
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

B. Mitchell FEB 16 2007