FAX AUDIT NO.: H03000341247 3

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000110628

1. Corporation Name

8354 Corporation

REINSTATEMENT 03

2. Principal Office Address	**3.** Mailing Office Address
17 Harborage Island	17 Harborage Island
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ft. Lauderdale, Florida	City & State: Ft. Lauderdale, Florida
Zip: 33316 Country: USA	Zip: 33316 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 10/14/02

5. FEI Number: [X] 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: Registered Agents of Florida, LLC

Street Address (P.O. Box Number is Not Acceptable): 100 S.E.2nd Street

Suite, Apt. #, Etc.: Suite 2900

City: Miami State: FL Zip Code: 33131

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: Charles Rennert VP Charles J. Rennert, V.P. Date: 12/23/03

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
PSD	De Lara, Gladys V.	17 Harborage Island	Ft. Lauderdale, Florida 33316
VD	Valentiner, Maria L	17 Harborage Island	Ft. Lauderdale, Florida 33316

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: Maria Valentiner 12/21/2003 954-205-1490

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Florida Department of State

Division of Corporations
Public Access System

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To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : Berman Rennert Vogel & Mandler, PA
Account Number : 076103002011
Phone : (305)577-4177
Fax Number : (305)373-6036

CORPORATION REINSTATEMENT

8354 CORPORATION

Certificate of Status	0
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