## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| Zip 33411  To Name and Address of Current Registered Agent  Name Arturas Padkamaris  Street Address (P.O. Box Number is Not Acceptable)  449 Cottagewood Lane  Suite, Apt. #, Etc.  City Royal PAIm Beach  State FL  Sta | CORPORATION REINSTATEMENT  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS |  |            |                     |                     |                        |            |                          |  | FILED<br>09 MAY 15 AM 11: 10 |   |  |
|--|--|--|------------|---------------------|---------------------|------------------------|------------|--------------------------|--|------------------------------|---|--|
| 2. Principal Office Address - No P.O. Box # 449 Cottagewood Lane 449 Cottagewood Lane 5ulto, Apt. #, etc. 5ulto, Apt. #, etc. 5ulto, Apt. #, etc. 5ulto, Apt. #, etc. 6ultimote in Foods |  |  |            |                     |                     |                        |            |                          |  |                              |   |  |
| 2. Principal Office Address - No P.O. Box # 449 Cottagewood Lane  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  Royal Palm Beach, FL  2p  33411  7. Name and Address of Current Registered Agent  Name  7. Name and Address of Current Registered Agent  Name  3. Mailing Office Address Agent  7. Name and Address of Current Registered Agent  8. Name and Great Address of Each Officer and/or Director (Fordan name)  8. Names and Street Addresses of Each Officer and/or Directors  7. Name of Officers and/or Directors  7. Name and Street Addresses of Each Officer and/or Directors  8. Name of Officers and/or Directors  7. Name of Officers and/or Directors  8. Name of Officers and/or Directors  8. Name of Officers and/or Directors  8. Name of Officers and/or Directors  9. Name of Officers and/or Directors  9. Name of Officers and/or Directors  1. Name of | W09-21655  |  |            |                     |                     |                        |            |                          |  |                              |   |  |
| Suite, Apt. #, etc.  Cry & State Royal Palm Beach, FL  Applied For 201554972  Applied For 201554972  Applied For 201554972  Applied For 201554972  The reinstatement fee is imposed, except to recurrent Registered Agent  7. Name and Address of Current Registered Agent  Applied For 201554972  The reinstatement fee is imposed, except or recurrent Registered Agent  The reinstatement fee is imposed, except or recurrent Registered Agent or recurrent Registered Agent or received and requesting the reinstatement fee be waived.  State Agross (P.O. 800 Number is Not Acceptable)  449 Cottagewood Lane  State Suite, Apt. #, Etc.  Suite, Apt. #, Etc.  State Suite, Apt. #, Etc.  Cry  Royal PAlm Beach  FL 33411  State Suite Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Name of Officer and/or Director Officer and/or Director Suite Address of Each Officer Address of Ea |  |  |            |                     |                     |                        |            |                          | 1 70   | )D155(                       | 020207  |  |
| Suite, Apt. #, etc.  City & State  Royal Palm Beach, FL  Royal Palm Beach, FL  Zip  33411  7. Name and Address of Current Registered Agent  Name Arturas Padkamaris  Size Agent Agent Size (P.O. Box Number is Not Acceptable)  449 Cottagewood Lane  Suite, Apt. #, Etc.  City Agent Agent Size (P.O. Box Number is Not Acceptable)  Applied Fc  The reinstatement fee is imposed, except circumstances which the entity did not receive the prior notices. By checking this box, year certifying the prior notices were not received and requesting the reinstatement fee be waived.  City Royal Palm Beach  8. I. being appointed the registered agent of the above funded corporation, am familiar with and accept the obligations of section 607.0505 or 817.0503, F.S.  Signature of Registered Agent  Pack Agent Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Titles  Officers and/or Directors  City / State / Zip  Registered Agent  Register Agent Registered Agent Registe | 449 Cott   | d Lan  | е          | 1                   | agewood Lane        |                        |            |                          | CR2E0  | 081 (12/08)                  |   |  |
| Royal Palm Beach, FL  Royal Palm Beach  Royal Palm B |  |  |            |                     |                     |                        |            |                          | 4. Date incorporated or Quantiled  |                              |   |  |
| Royal Palm Beach, FL   Royal Palm Beach, FL   201554972   Not Applic   33411   Size   201554972   Not Applic   34411   Size   33411   Size   201554972   Not Applic   34411   Size   201554972   Size   201554   | City & State City & State  |  |            |                     |                     |                        |            |                          |  |                              | Danillad Car  |  |
| 33411  7. Name and Address of Current Registered Agent  Name Arturas Padkamaris  Street Address (P.O. Box Number is Not Acceptable)  449 Cottagewood Lane  Sute, Apt. #, Etc.  City Royal PAIm Beach  8. I. being appointed the registered agent of the above smeet corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.  Signature of Registered Agent  Name of Officers and/or Directors  Name of Officers and/or Directors  Presided Arturan Packkamaris  7. Name and Addresses of Each Officer and/or Directors  State   32 p Code   FL   33411  State   32 p Code   FL   33411  Street Addresses of Each Officer and/or Directors  Name of Officers and/o  | Royal Palm Beach,FL  |  |            |                     | Royal Palm Beach,FL |                        |            |                          |  | Not Applicable               |   |  |
| Name of Officers and/or Directors    Name of Officers and/or Directors   Pack arrain   | · ·  | <b>,</b>   |            |                     | · ·                 |                        | Coun       | try                      | 6.<br>CERTIFICATE  | OF STATUS DESIRE             | S8.75 Additional Fee required for a Certificate of Status |  |
| Arturas Padkamaris  Street Addresses (P.O. Box Number is Not Acceptable)  449 Cottagewood Lane  Suite, Apt. #, Etc.  City Royal PAIm Beach  8. I, being appointed the registered agent of the above/nimed corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.  Signature of Registered Addresses of Each Officer and/or Directors  Titles  Officers and/or Directors  Officers and/or Directors  City / State / Zip Code  Registered Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Titles  Officers and/or Directors  Officers and/or Directors  Officers and/or Directors  City / State / Zip  Registered Addresses of Each Officers and/or Directors  Officers and/o | 7. Name and Address of Current Registered Agent  |  |            |                     |                     |                        |            |                          |  |                              |   |  |
| Street Address (P.O. Box Number is Not Acceptable) 449 Cottagewood Lane  Sulte, Apt. #. Etc.  City Royal PAIm Beach  S. I. being appointed the registered agent of the above semendary  | Arturas Padkamaris   |  |            |                     |                     |                        |            |                          | ☑ 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. |                              |   |  |
| City Royal PAIm Beach  State S | 449 Cottagewood Lane   |  |            |                     |                     |                        |            |                          |  |                              |   |  |
| Royal PAIm Beach  8. I, being appointed the registered agent of the above femed corporation, am familiar with and accept the obligations of section 607 0505 or 617,0503, F.S.  Signature of Registered Agent  Reg |  |  |            |                     |                     |                        |            |                          |  |                              |   |  |
| Signature of Registered Agent 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 Officers and/or Directors Street Address of Each Officer and/or Director City / State / Zip  President Ashuras Pacikamaris Rayal Palm Bake Street Address of Each Officer and/or Director Rayal Palm Bake Street Address of Each Officer and/or Director City / State / Zip  10. Leartify 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 film   |  |  |            |                     |                     |                        |            |                          |  |                              |   |  |
| Registered Agent  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  Officer and/or Director  Registered Agent  Name of Officer and/or Directors  City / State / Zip  Registered Agent  Art Least 3 directors)  Titles  Name of Officers and/or Director  City / State / Zip  Registered Agent  Art Least 3 directors  City / State / Zip  Registered Agent Agent Agent Agent Agent Agent Agent Age | 8. I, being ap   | ppointed the   | e register | ed agent of the abo | ve/named corpo      | ration, am f           | amiliar ı  | with and accept the o    | bligations of secti  | on 607.0505 or 617           | .0503, F.S.   |  |
| 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Ittles  | Signature of   |  |            |                     |                     |                        |            |                          |  |                              |   |  |
| Titles Name of Officers and/or Directors Officer and/or Directors Officer and/or Director Officer and/or Director Officer and/or Director Officer and/or Director Royal Palm Bake St. Roya | Registered Agent   |  |            |                     |                     |                        |            |                          |  | Date _04/22/2009             |   |  |
| Titles Name of Officers and/or Directors Officer and/or Director Officer and/or Director Officer and/or Director Officer and/or Director Royal Palm Bake St. Royal Pal | 9. Names ar  | nd Street Ad   | dresses    | of Each Officer an  | /or Director (Flo   | rida nonpro            | ofit corpo | orations must list at le | east 3 directors)  |                              |   |  |
| 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 film   | Titles Name of   |  |            |                     |                     | Street Address of Each |            |                          | h  |                              | City / State / Zip  |  |
| 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 film   | President  | Arturas Pacikamaris  |            |                     |                     | 449 Collagewood (      |            |                          | .en  | Royal P                      | Palm beta FL.   |  |
|  |  |  |            |                     |                     |                        |            |                          | . /  |                              |   |  |
|  |  | the state of the s |            |                     |                     |                        |            |                          |  |                              |   |  |
|  |  | 12/18  |            |                     |                     |                        |            |                          |  |                              |   |  |
|  |  |  |            |                     |                     |                        |            |                          |  |                              |   |  |
|  |  |  |            |                     |                     |                        |            |                          |  |                              |   |  |
| 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 indicat on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.  |  |  |            |                     |                     |                        |            |                          |  |                              |   |  |
| SIGNATURE:  Arturas Padkamaris  04/22/2009  954-263-1174  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Date  Date   |  |  |            |                     |                     |                        |            |                          |  |                              |   |  |