PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 MAY 17 PM 12:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
200005694442--2
-06/06/02--01035--020
****150.00 ****150.00

REINSTATEMENT 01-02

DOCUMENT # P98000037549

1. Corporation Name

GOLD MUSTACHE PUBLISHING, INC.

Principal Place of Business	Mailing Address
153 SEVILLA AVENUE CORAL GABLES FL 33134 US	153 SEVILLA AVENUE CORAL GABLES FL 33134 US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 04/24/1998

5. FEI Number: 65-0837818 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PC D	GOLD, ELLIOT	153 SEVILLA AVENUE	CORAL GABLES FL 33134
~~S D~~	~~GOLD, SHIRLEY~~	~~153 SEVILLA AVENUE~~	~~CORAL GABLES FL 33134~~
~~D~~	~~HAWTHORNE, DAVID~~	~~200 MERCER STREET~~	~~NEW YORK NY 10012~~
~~D~~	~~SILVERMAN, LISA~~	~~11615 HELMONT DRIVE~~	~~OAKTON VA 22124~~
D	FRICKE, RICHARD J	440 MAIN STREET	RIDGEFIELD CT 06877
SD	GOLD, SHIRLEY	153 SEVILLA AVE	CORAL GABLES FL 33134

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
M.J.F. REGISTERED AGENT CORP. 153 SEVILLA AVENUE CORAL GABLES FL 33134	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. 200005694442--2 -06/06/02--01035--019 City ****750.00 State FL Zip Code ****150.00

CR2E040 (8/01)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: SIGNATURE REQUIRED Date: 5/5/02
REGISTERED AGENT MUST SIGN

11. 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: SIGNATURE REQUIRED Shirley Gold 10-16-01 888-806-6366
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #