PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 NOV 21 PM 2:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S73896

1. Corporation Name

TUNNEL JUNGLE, INC.

Principal Place of Business
545 SOUTHEAST 6TH AVENUE
FORT LAUDERDALE FL 33301-2918

Mailing Address
4068 NE 8 AVENUE
~~545 SOUTHEAST 6TH AVENUE~~
FORT LAUDERDALE FL ~~33301-2918~~ 33304

REINSTATEMENT

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

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

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.
City & State: FORT LAUDERDALE, FL
Zip: 33304 | Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 08/16/1991

5. FEI Number: 65-0280617 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/T/D	~~WHITNEY, STEVE~~ ANDREWS, STEVEN	~~545 SOUTHEAST 6TH AVE.~~ 4068 NE 8 AVE	FORT LAUDERDALE FL 33304
X/S	~~ENTERLINE, JACK~~ CARDINI, ROBIN	~~545 SOUTHEAST 6TH AVE.~~ 1900 NW 45 COURT	FORT LAUDERDALE FL 33309

800002013638--0
~~-11/26/96--01024--019~~
~~*****375.00~~ *****375.00

JB 11-20-96

8. Name and Address of Current Registered Agent

LIVOTI, ANTHONY M JR. ESQ
805 E. BROWARD BLVD. #200
FT. LAUDERDALE FL 33301

9. Name and Address of New Registered Agent

Name: ROBIN CARDINI
Street Address (P.O. Box Number is Not Acceptable): 4068 NE 8 AVENUE
Suite, Apt. #, Etc.:
City: FORT LAUDERDALE | State: FL | Zip Code: 33304

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: 11/18/96
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐ (See other side for information on intangible tax.)

12. 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 — 11-19-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E040 (7/96)