2004 FOR PROFIT CORPORATION REINSTATEMENT

SIGNATURE

SIGNATURE AND TYPED OF PRINTED NAME OF SIG

MILEU SECRETARY OF STATE DIVISION OF CORPORATIONS **DOCUMENT # 291224** 1. Entity Name THE ISABELLE CORPORATION 04 NOV -2 PH 4: 13 Principal Place of Business Mailing Address 401 NW 38TH CT 401 NW 38TH CT PO BOX 350940 PO BOX 350940 MIAMI, FL 33126-5638 MIAMI, FL 33126-5638 2. Principal Place of Business 3. Mailing Address ONE GROVE ISLE DRIVE ONE GROVE ISLE DRIVE APT. 1509 APT. 1509 10222004 REIN-P CR2E098 (6/04) City & State 4. FEI Number Applied For City & State COCONUT GROVE, COCONUT GROVE 59-1097886 Not Applicable FLCountry USA 33133 \$8.75 Additional 5. Certificate of Status Desired П ŨŠĀ 33133 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name AMDUR.ISABELLE Street Address (P.O. Box Number is Not Acceptable) ONE GROVE ISLE DRIVE APT 1509 COCONUT GROVE, FL 33133 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the After January 1, 2005, Fee will be \$300.00 corporation did not receive the prior notice. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE TITLE Change ■ Addition ☐ Delete AMDUR, ISABELLE NAME NAME ONE GROVE ISLE DR #1509 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI BEACH, FL 33133 CITY-ST-7IP ST TITLE ☐ Change ☐ Addition TITLE ☐ Delete HAVENICK, BARBARA NAME NAME STREET ADDRESS 369 LEUCADENDRA DRIVE STREET ADDRESS CORAL GABLES, FL 33156 CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C!TY-ST-ZIP ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition 700042408527 NAME NAME '02/04--01063--009 STREET ADDRESS STREET ADDRESS **150.00 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Channe ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if en with an address with all other like empowered. changed, or on an attac

PSABELLETAMDUR

1/18 a)

10-22-04 305-649-3000

Daytime Phone #