May 04, 2000 8:00 am Secretary of State

DOCUMENT # 373724 1. Entity Name ROBERT MANUFACTURING COMPANY, INC. 03-29-2000 90062 031 ***158.75 Principal Place of Business Mailing Address 1055 E.35TH STREET 1055 E.35TH STREET HIALEAH FL 33013 HIALEAH FL 33013-2931 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-1308927 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FRANK. EFFHAN. WEINBERG. BLACK.P.A WEINBERG, STEVEN A. 8000 PETERS ROAD PLANTATION FL 33324 LANTATION 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. Steven A. Weinberg, Registered Agent SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or crinted hame of registered agent od title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete CR2E034 (9/99) TITLE TITLE Change ☐ Addition ZIMMERMAN, HARRY NAME NAME STREET ADDRESS STREET ADDRESS 1940 NE 193 ST CITY-ST-ZIP CITY-ST-ZIP N MIAMI BCH, FL 0 ☐ Delete TITLE ☐ Change Addition NAME LEVINE, PETER NAME STREET ADDRESS STREET ADDRESS 10720 N.W. 5TH STREET CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL □ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS. CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P Addition ☐ Change Oelete TITLE TITLE

STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

NAME

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

Delete

Change

☐ Addition