PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS FILED DOCUMENT #6336 98 HAY 22 PM 12: 04 1. Corporation Name SUR SALES ASSOCIATES, THE SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 17386 VIA CAPRI EAST 17386 VIA CARRI EAST BORA RATION, FL 33496 BOCA RATON, FL 33496 If above addresses are incorrect in any way, line through incorrect information and enter correction below. ailing Office Address, If Applicable 7 N. Mi Citary TRAIL 4. Date Incorporated or Qualified 09-01-79 5. FEI Number Applied For 7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each Officer and/or Director
(Do NOT Use Post Office Box Numbers) Title(s) City / State / Zip TRES 17386 VIA CAPRI EAST 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent RICHARD ROSENBAUM 11CITARY 7 17384 VIA CAPRI EAST BORA RATUR, FC 33496 10. I, being appointed the registered agen Signature of Registered Agent 1 REGISTERED AGENT MUST SIGN This corporation owes or has paid the current year (See other side for information on intangible tax.) Intangible Personal Property tax due June 30. 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 filling 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 5/20/98 561-241-1185 SIGNATURE: V

R PRINTED NAME OF SIGNING OFFICER OR DIRECTOR