

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<div style="display: flex; align-items: center; justify-content: center;"><div style="text-align: center;">CORPORATION </div><div style="text-align: center;"><div style="margin-top: 5px;">FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS</div></div></div>		<div style="text-align: center;">FILED 01 MAY -3 PM 4:06 SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>											
DOCUMENT # '669508													
1. Corporation Name Cityside, Inc.													
2. Principal Office Address 1201 S. Ocean Drive Suite, Apt. #, etc. #1505 S		3. Mailing Office Address 1201 S. Ocean Drive Suite, Apt. #, etc. #1505 S											
City & State Hollywood, FL		City & State Hollywood, FL											
Zip 33019	Country USA	Zip 33019	Country USA										
4. Date Incorporated or Qualified To Do Business in Florida 5/8/80		5. FEI Number 591997219											
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		Applied For <input type="checkbox"/> Not Applicable											
\$8.75 Additional Fee required for a Certificate of Status													
7. Name and Address of Current Registered Agent													
<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td colspan="2">Name Peter M. Commette, Esquire</td></tr><tr><td colspan="2">Street Address (P.O. Box Number is Not Acceptable) 1323 S.E. Third Avenue</td></tr><tr><td colspan="2">Suite, Apt. #, Etc.</td></tr><tr><td>City Fort Lauderdale</td><td>State FL</td></tr><tr><td colspan="2">Zip Code 33316</td></tr></table>				Name Peter M. Commette, Esquire		Street Address (P.O. Box Number is Not Acceptable) 1323 S.E. Third Avenue		Suite, Apt. #, Etc.		City Fort Lauderdale	State FL	Zip Code 33316	
Name Peter M. Commette, Esquire													
Street Address (P.O. Box Number is Not Acceptable) 1323 S.E. Third Avenue													
Suite, Apt. #, Etc.													
City Fort Lauderdale	State FL												
Zip Code 33316													
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.													
Signature of Registered Agent 		Date 5/1/01											
REGISTERED AGENT MUST SIGN													
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)													
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip										
P	Richard Finger	1201 S. Ocean Drive #1505 S	Hollywood, FL 33019										
S	Phyllis Finger	1201 S. Ocean Drive #1505 S	Hollywood, FL 33019										
99-014BR													
10. 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:		5/1/01											
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Richard H. Finger		Date 5/1/01											
		Daytime Phone # 954-457-7777											

CPO2081 (9/00)