PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 NOV -4 PM 1:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F01000000997

1. Corporation Name

Cruisin with Susan, INC.

2. Principal Office Address	3. Mailing Office Address
10835 N. Bayshore Dr.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Miami, Florida	
Zip: 33161-7445 Country: MIAMI-DADE	Zip: Country:

4. Date Incorporated or Qualified To Do Business in Florida: 02/19/2001

5. FEI Number: 76-0668023 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $6.75 Additional Fee required for Certificate of Status

7. Name and Address of Current Registered Agent

Name: Susan Pallozzi

Street Address (P.O. Box Number is Not Acceptable): 10835 N Bayshore Dr.

Suite, Apt. #, Etc.:

200008789572
11/04/02--01094--005 **150.00

City: Miami State: FL Zip Code: 33161-7445

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: Susan Pallozzi
REGISTERED AGENT MUST SIGN

Date: 10-23-02

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/D	Susan Pallozzi	10835 N. Bayshore Dr.	Miami, Fl 33161-7445

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: Susan Pallozzi 10-23-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CABRERA ACCOUNTING SERVICES
5797 ORANGE DRIVE • DAVIE, FLORIDA 33314 • (954) 587-6718

OCTOBER 23, 2002

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
UNIFORM BUSINESS REPORT FILINGS
DEPARTMENT OF REINSTATEMENT
P. O. BOX 6327
TALLAHASSEE, FLORIDA 32314

RE: CRUISIN WITH SUSAN, INC.

TO WHOM IT MAY CONCERN:

ATTACHED, PLEASE FIND THE CORPORATION REINSTATEMENT FORM, FOR CRUISIN WITH SUSAN, INC., FOR THE YEAR 2002, TOGETHER WITH A CHECK IN THE AMOUNT OF $150.00.

WE REQUEST THAT, THE PENALTY OF $600.00 BE ABATED BECAUSE PREVIOUS NOTICES WERE NEVER RECEIVED.

THANKING YOU IN ADVANCE FOR YOUR COOPERATION IN THIS MATTER AND AWAITING YOUR REPLY, WE REMAIN,

SINCERELY,

ARMANDO CABRERA, ACCOUNTANT

Cc: CRUISIN WITH SUSAN, INC.