## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| Baretta LTD, Inc.    Composition Address - No P.O. Box w   S. Maing Office Address   S. Washington Ave.  | CORPORATION REINSTATEMENT  |                    |         |   | FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS |                 |   | FILED  08 DEC 22 PM 1: 01   |  |
|--|--|--------------------|---------|---|---|-----------------|---|---|--|
| 3. Maing Office Address No P.O. Box # 87 Washington Ave.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State Garden City, NY Garden City, NY The Country Tip This Country Tip The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you.  Street Address (P.O. Box Number is Not Acceptable) 4. Date Incorporated to State United State The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you.  Street Address (P.O. Box Number is Not Acceptable) 4. Date Incorporate of the entity did not receive the prior notices. By checking this box, you.  Street Address (P.O. Box Number is Not Acceptable) 4. Date Incorporate of the entity did not receive the prior notices. By checking this box, you.  Street Address (P.O. Box Number is Not Acceptable) 4. Date Incorporate of the entity did not receive the prior notices. By checking this box, you.  Street Address (P.O. Box Number is Not Acceptable) 4. Date Incorporate of the entity did not receive the prior notices. By checking this box, you.  Street Address (P.O. Box Number is Not Acceptable) 4. Date Incorporate of the entity did not receive the prior notices. By checking this box, you.  Street Address (P.O. Box Number is Not Acceptable) 4. Date Incorporate of the entity did not receive the prior notices are certifying the prior notices were not received and requesting the reinstatement fee be waived.  8. Names and Street Address of Each Officers and/or Director Officers and/or |  |                    |         |   |   |                 |   | SECRETARY OF STATE<br>TALLAHASSEE, FLORIDA  |  |
| 3. Maing Office Address No P.O. Box # 87 Washington Ave.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State Garden City, NY Garden City, NY The Country Tip This Country Tip The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you.  Street Address (P.O. Box Number is Not Acceptable) 4. Date Incorporated to State United State The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you.  Street Address (P.O. Box Number is Not Acceptable) 4. Date Incorporate of the entity did not receive the prior notices. By checking this box, you.  Street Address (P.O. Box Number is Not Acceptable) 4. Date Incorporate of the entity did not receive the prior notices. By checking this box, you.  Street Address (P.O. Box Number is Not Acceptable) 4. Date Incorporate of the entity did not receive the prior notices. By checking this box, you.  Street Address (P.O. Box Number is Not Acceptable) 4. Date Incorporate of the entity did not receive the prior notices. By checking this box, you.  Street Address (P.O. Box Number is Not Acceptable) 4. Date Incorporate of the entity did not receive the prior notices. By checking this box, you.  Street Address (P.O. Box Number is Not Acceptable) 4. Date Incorporate of the entity did not receive the prior notices are certifying the prior notices were not received and requesting the reinstatement fee be waived.  8. Names and Street Address of Each Officers and/or Director Officers and/or |  |                    |         |   |   |                 |   | 700138380357  |  |
| Suite, Apt. 8, etc.    Suite, Apt. 8, etc.   Suite, Apt. 8, etc.   |  |                    |         |   |   |                 | 1 N                                       |   |  |
| City & State Garden City, NY Garden City, NY Garden City, NY    Sarden City, NY   Country   Zip  | '  |                    |         |   | 1   | ·               |   | 0/-08<br>3 0 crzeo81 (10/08)  |  |
| City & State Garden City, NY Garden City, NY  Zip 11530  7. Name and Address of Current Registered Agent  Name Jeffrey Feinberg, Esq.  Street Adverse; PG. Box Number is Not Acceptable) 4000 Hollywood Bivd.,  Street Adverse; PG. Box Number is Not Acceptable) 4000 Hollywood Bivd.,  Street Adverse; PG. Box Number is Not Acceptable) 4000 Hollywood Bivd.,  Street Adverse; PG. Box Number is Not Acceptable) 4000 Hollywood Bivd.,  Street Adverse; PG. Box Number is Not Acceptable) 4000 Hollywood Bivd.,  Street Adverse; PG. Box Number is Not Acceptable) 4000 Hollywood Bivd.,  Street Adverse; PG. Box Number is Not Acceptable) 4000 Hollywood Bivd.,  Street Adverse; PG. Box Number is Not Acceptable) 4000 Hollywood Bivd.,  Street Adverse; PG. Box Number is Not Acceptable) 4000 Hollywood Bivd.,  Street Adverse; PG. Box Number is Not Acceptable) 4000 Hollywood Bivd.,  Street Adverse; PG. Box Number is Not Acceptable) 4000 Hollywood Bivd.,  Street Adverse; PG. Box Number is Not Acceptable) 4000 Hollywood Bivd.,  Street Adverse; PG. Box Number is Not Acceptable) 4000 Hollywood Bivd.,  Street Adverse; PG. Box Number is Not Acceptable) 4000 Hollywood Bivd.,  Street Adverse; PG. Box Number is Not Acceptable) 4000 Hollywood Bivd.,  Street Adverse; PG. Box Number is Not Acceptable) 4000 Hollywood Bivd.,  Street Adverse; PG. Box Number is Not Acceptable) 4000 Hollywood Bivd.,  Street Adverse; PG. Box Number is PG. Pox Number in Not Acceptable; Pox Number is Pox Number in Not Box Number in Not Acceptable; Pox Number in Number in Not Acceptable; Pox Number in Number | Suite, Apt. #  | f, etc.            |         |   | Suite, Apt. #, etc.   |                 | 4 2                                       |   |  |
| Garden City, NY    Country   Country | Olt - 9 Ct-1-  |                    |         |   | City & State  | P Ctata         |   | porated or Qualified<br>iness in Florida 2/22/1994  |  |
| 2/p   11530   Country   1153   | ,  |                    |         |   | , ·   |                 |   | 440   |  |
| 7. Name and Address of Current Registered Agent    Name   Deffrey Feinberg, Esq.   | · '  |                    | Country | у | Zip   |                 | 6.  | <b>40.76</b>  |  |
| The reinstatement fee is Imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.    State   Zup Code   FL   33021  | 11530   1153   |                    |         |   | 11530   |                 | CERTIFICAT                                | for a Certificate of Status   |  |
| Titles   Street Address of Each Officer and/or Director  |  |                    |         |   |   |                 | ┨   |   |  |
| 4000 Hollywood Blvd.,  Suite, Apt. #, Etc.  #350N  City Hollywood  8. I, being appointed the register of agent after above time d corporation, an familiar with and accept the obligations of section 607,0905 or 617,0503, F.S.  Signature of 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 Officers and/or Directors  P Richard Barbadillo 87 Washington Ave. Garden City, NY 11530  V Antonio Manetta 144-58 S. Drive Malba, NY 11357  S " Anthony Provenzano 1411 Dipolmat Pkwy Hollywood, FL 33019  10. Learlify 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 point and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this spilication is true ant-obscipate, and my signature shall have the same legal effect as if made under ceth.  | Jeffrey Feinberg, Esq.   |                    |         |   |   |                 | _   | circumstances which the entity did not receive the prior notices. By checking this box, you |  |
| Suita   Apt. #, Etc. #350N   State   Apt. #, Etc. #350N  |  |                    |         |   |   |                 | ,   |   |  |
| City Hollywood  8. I, being appointed the registrated agent at the above atmed corporation, and familiar with and accept the obligations of section 607,0505 or 617,0503, F.S.  Signature of Registreed Agent REGISTERED AGENT MUST SIGN  9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Tritles Officers and/or Directors Street Address of Each Officer and/or Director (Plorida nonprofit corporations must list at least 3 directors)  P Richard Barbadillo 87 Washington Ave. Garden City, NY 11530  V Antonio Manetta 144-58 S. Drive Malba, NY 11357  S Anthony Provenzano 1411 Dipolmat Pkwy Hollywood, FL 33019  10. Leartly that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 817, F.S. I further certify that when filing this rainstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 807,0401 or 617,0401, F.S., that all fees over by the corporation have been placed and the names of individuals listed on this form do not qualify for an examption contained in Chapter 119, F.S. The information indicated on this papication is true application is true application is true application in the application in the application is true application in the application in the application is true application.   | Suite, Apt. #, Etc.  |                    |         |   |   |                 | received and requesting the reinstatement |   |  |
| Signature of Registered Agent 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 Officers and/or Directors Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  P Richard Barbadillo 87 Washington Ave. Garden City, NY 11530  V Antonio Manetta 144-58 S. Drive Malba, NY 11357  S " Anthony Provenzano 1411 Dipolmat Pkwy Hollywood, FL 33019  10. Leartify that Lam 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 contained in Chapter 118, F.S. The information indicated on this epplication is true and accurate, and my signature shall have the same legal effect as if made under ceith.  | City   |                    |         |   |   | State Zip Code  |   |   |  |
| 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  | 8. 1, being appointed the registered agent of the above ramed corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503. F.S. |                    |         |   |   |                 |   |   |  |
| Titles Name of Officers and/or Directors Street Address of Each Officer and/or Director City / State / Zip  P Richard Barbadillo 87 Washington Ave. Garden City, NY 11530  V Antonio Manetta 144-58 S. Drive Malba, NY 11357  S Anthony Provenzano 1411 Dipolmat Pkwy Hollywood, FL 33019  10.1 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 plan and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, 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 ceth.  | Registered Agent Date 12/19/00   |                    |         |   |   |                 |   |   |  |
| P Richard Barbadillo 87 Washington Ave. Garden City, NY 11530  V Antonio Manetta 144-58 S. Drive Malba, NY 11357  S " Anthony Provenzano 1411 Dipolmat Pkwy Hollywood, FL 33019  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 contained in Chapter 119, 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.   | 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)                                |                    |         |   |   |                 |   |   |  |
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| SIGNATURE: AIRTORY PROVENTIAND 12/19/00  SIGNATURE AND TYPED ON FRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date Daylime Phone *  |  |                    |         |   |   |                 |   |   |  |