PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT 98-99

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 JAN 22 PM 12:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F19722 (0)

1. Corporation Name
STUART DEVELOPMENT OF SOUTH FLORIDA, INC.

Principal Place of Business	Mailing Address
2500 Hollywood Blvd. Suite 212 Hollywood, FL 33020	2500 Hollywood Blvd. Suite 212 Hollywood, FL 33020

REINSTATEMENT 98-99 FEE 1/22/99

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
2500 Hollywood Blvd. #212	2500 Hollywood Blvd. #212
Suite, Apt. #, etc.: Suite 212	Suite, Apt. #, etc.: Suite 212
City & State: Hollywood, FL	City & State: Hollywood, FL
Zip: 33020 Country: USA	Zip: 33020 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 02/13/1981

5. FEI Number: 52-1335765 — Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PST	ERNEST AVRITH	5665 St. Laurent Blvd.	Montreal, P.Q. Canada H2T 1S9
			000002754850--2 -01/26/99--01045--011 ****300.00 ****300.00
			000002754850--2 -01/26/99--01045--012 ******8.75 ******8.75

8. Name and Address of Current Registered Agent

Corporation Information Services, Inc.
1201 Hayes Street
Tallahassee, FL 32301 USA

9. Name and Address of New Registered Agent

Name: Ross H. Manella, Esquire
Street Address (P.O. Box Number is Not Acceptable): 2500 Hollywood Blvd., Suite 212
Suite, Apt. #, Etc.: Suite 212
City: Hollywood State: FL Zip Code: 33020

CR2E040 (12/96)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: [signature] Date: 1-19-99
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

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 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: X [signature] 1-19-99 (954) 925-3355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
ERNEST AVRITH, President