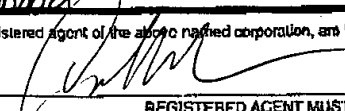
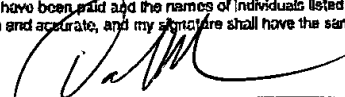


**PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.**

| CORPORATION<br>REINSTATEMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                   | <br>FLORIDA DEPARTMENT OF STATE<br>Katherine Harris<br>Secretary of State<br>DIVISION OF CORPORATIONS |                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|
| DOCUMENT # <b>ES2422</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                   | FILED<br>01 NOV -8 PM 3:06<br>SECRETARY OF STATE<br>TALLAHASSEE FLORIDA                                                                                                                |                           |
| 1. Corporation Name<br><b>David Friedman, P.A.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                   |                                                                                                                                                                                        |                           |
| 2. Principal Office Address<br><b>3475 Sheridan St</b><br>Suite, Apt. #, etc.<br><b>Suite 204</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                   | 3. Mailing Office Address<br><br>Suite, Apt. #, etc.<br>                                                                                                                               |                           |
| City & State<br><b>Hollywood FL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                   | City & State<br>                                                                                                                                                                       |                           |
| Zip<br><b>33021</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Country<br><b>Broward</b>         | Zip<br>                                                                                                                                                                                | Country<br>               |
| 4. Date Incorporated or Qualified To Do Business in Florida<br><b>11-4-81</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                   | 5. FEI Number<br><b>59237339</b>                                                                                                                                                       |                           |
| 6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                   | Applied For<br>Not Applicable                                                                                                                                                          |                           |
| 7. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                   |                                                                                                                                                                                        |                           |
| Name<br><b>David Friedman Esquire</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                   | 000004687460-8                                                                                                                                                                         |                           |
| Street Address (P.O. Box Number is Not Acceptable)<br><b>3475 Sheridan Street</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                   | -11/19/81-01050-07<br>***1958.75 ***1958.75                                                                                                                                            |                           |
| Suite, Apt. #, Etc.<br><b>Suite 204</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                   |                                                                                                                                                                                        |                           |
| City<br><b>Hollywood</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                   | State<br><b>FL</b>                                                                                                                                                                     | Zip Code<br><b>33021</b>  |
| 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<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                   | Date<br><b>10-16-01</b>                                                                                                                                                                |                           |
| REGISTERED AGENT MUST SIGN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                   |                                                                                                                                                                                        |                           |
| 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                   |                                                                                                                                                                                        |                           |
| Title                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Name of Officers and/or Directors | Street Address of Each Officer and/or Director                                                                                                                                         | City / State / Zip        |
| <b>Pres.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>DAVID FRIEDMAN ESQ</b>         | <b>3475 Sheridan St, #204</b>                                                                                                                                                          | <b>Hollywood FL 33021</b> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                   |                                                                                                                                                                                        |                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                   |                                                                                                                                                                                        |                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                   |                                                                                                                                                                                        |                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                   |                                                                                                                                                                                        |                           |
| 10. I certify that I am an officer or director of 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)(D), 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:<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                   | Date<br><b>10-16-01</b><br>Daytime Phone #<br><b>954 962-3800</b>                                                                                                                      |                           |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                   |                                                                                                                                                                                        |                           |