

APPROVED
AND
FILED

DIVISION OF CORPORATIONS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name

-12/03/33--01067--016

***750.00 ***750.00

Mailing Address

401 WILSHIRE BLVD., SUITE 900
SANTA MONICA CA 90401

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

REINSTATEMENT 98

4. Date Incorporated or Qualified To Do Business in Florida

Applied For

Not Applicable

Country

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)

CR2E040 (9/98)

9. Name and Address of New Registered Agent

State FL	Zip Code
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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.

Date 11-23-98

(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 AND TYPED OR PRINTED NAME OF SENSING OFFICER OR DIRECTOR

11/17/98
Date

310-899-4900
Daytime Phone