| Country To A Country To Name and Address of Current Registered Agent To Name and Ad | PLEASE REA | D ALL INSTRUCTIONS BEFORE C | OMPLETING THIS FORM. |
|--|---|-------------------------------------|---|
| L. Principal Office Address 55 Rumson Road 3. Mailing Office Address 55 Rumson Road 55 Rumson Road 4. Gate Incorporated or Qualified To Do Business in Florida 5. FEI Number 59 County 6. CERTIFICATE OF STATUS DESIRED 7. Name and Address of Current Registered Agent Name CHRISTOPHER M. NINOS C.P.A. Street Address (P.O. Box Number is Not Acceptable) 5100 WEST COPANS ROAD Sulte. Apt. 4, Etc. SULTE #710 City MARGATE 1. Deing 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. ignature of officer and/or Director (Piorida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors P. WACTER J. BUNHAUZ SE 50 STANDARD STATUS DESIRED 6. CERTIFICATE OF STATUS DESIRED 6. CERTIFICATE OF STATUS DESIRED 5100 WEST COPANS ROAD 7. Name and Address of Current Registered Agent 6. CERTIFICATE OF STATUS DESIRED 5100 WEST COPANS ROAD 8. State 25 Code FL 33063-7700 8. State 25 Code FL 33063-7700 1. Names and Street Addresses of Each Officer and/or Director (Piorida nonprofit corporations must list at least 3 directors) 7. Name of Officers and/or Directors 1. Off | | Katherine Harris Secretary of State | 00 JUN -7 PM 4: 24 |
| Suite, Apt. #, etc. City & State Anheast They Suite, Apt. #, etc. City & State Anheast They Security F-FE Number Security Applied For Not Ap | Corporation Name | holz Inc. | SECRETARY OF STATE TALLAHASSEE FLORIDA |
| Amherst 19: Anherst 19: Anhers | 55 Rumson Ros | d 55 Rumson Road | 4. Date Incorporated or Qualified |
| Name CHRISTOPHER M. NINOS C.P.A. Street Address (P.O. Box Number is Not Acceptable) 5100 WEST COPANS ROAD Suite, Apt. #, Etc. SUITE #710 City MARGATE Li, 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. ignature of egistered Agent REGISTERED AGENT MUST SIGN Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Officers and/or Directors Street Address of Each Officer and/or Directors Street Address of Each Officer and/or Directors Street Address of Each Officer and/or Directors Titles Officers and/or Directors Street Address of Each Officer and/or Directors Street Address of Each Officer and/or Directors Street Address of Each Officer and/or Directors Titles Officers and/or Directors Street Address of Each Officer and/or Directors Street Address of Each Officer and/or Directors Topanopola 2918825 Topanopola 2911456 Date Officer Address Officer Openopola 2911456 Openopola 2918825 Openopola 2911456 Date Officer Address Openopola 2911456 Openopola 2911456 Openopola 2918825 Openopola 2918825 Openopola 2918825 Openopola 291825 Openopola 291 | Amherst 10.4 | Zip Country | 59-2330470 Not Applicable |
| City MARGATE State FL 33063-7700 1. 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. Ignature of egistered Agent Must Mini f.P.H. REGISTERED AGENT MUST SIGN Date 0b-0b-00 Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Officers and/or Directors Street Address of Each Officer and/or Director City / State / Zip WACTER J. BUCHHOLD SIZUMSON ROAD Anhead, By 14228 Amheast, by 14228 Wichael V. Buchhold 122 DECAMARS ST. Topanoanola By 14156 | CHRISTOPHER M. NIN Street Address (P.O. Box Number 6 5100 WEST COPANS R Suite, Apt. #, Etc. | OS C.P.A. s Not Acceptable) | 5000032988250 -06/21/0001046016 |
| Ignature of egistered Agent Chatch Waset Vine I.P.A. REGISTERED AGENT MUST SIGN Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Officers and/or Directors Street Address of Each Officer and/or Director City / State / Zip Name of Officers and/or Directors Officer and/or Director City / State / Zip NACTER 3. BERHHAZ SE SELMSON ROAD Anhered, by 14228 Amhered Agent Wichael V. Buchhour 1222 Decayare St. Towaranda by 14156 | City MARGATE | | FL 33063-7700 |
| Name of Officers and/or Directors Street Address of Each Officer and/or Director PWACTER J. BUCHHOLZ SS RUMSON ROAD Anherest, BY 1428 Amherst, by 1428 Wichael V. Buchholz 122 DECAWARS ST. TODAWANDA. D.Y 14150 | ignature of egistered Agent Chitipl Whent | REGISTERED AGENT MUST SIGN | Date _ 05-03-00 |
| P WACTER J. BUCHHOLZ 55 124M500 ROAD Anherst, BY 14228 Wichael V. Buchholz 122 DECAWARE ST. TOWAWAWBO. D.Y 14150 | Titles Name of | Street Address of Each | |
| | P WACTER 3. BU | HHazze 55 124mson | Road Anherstoy 14228 |
| DAGER I, BUCHHOIZER 35 STATE ST TOWNWALDRA, 10,4. 14150 | V Wichael V. B | 122 DECAWA | DE ST. TODAWANDOL DY 14150 |
| . 'LS | Wager J. Buc | | TODAWALDRA, 104, 14150 |
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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 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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716-691-4300 Daytime Phone #