PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE APPLICATION Sandra B. Mortham **FOR** Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS FILED DOCUMENT # 97 OCT -3 AM ID: 29 1. Corporation Name 4191, Inc. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 36401 US Hwy 19 N Same Palm Harbor, FL 34684 3140 Masters (are incorrect in any way, line through incorrect information and enter correction below. ncipal Office Address, If Applicable 3. New Mailing Office Address, If Applicable Date Incorporated or Qualified To Do Business in Florida maszers Dr 12-31-84 5. FEI Number Applied For City & State 59-2479596 Not Applicable 6. \$8.75 Additional Fee required for a Certificate of Status Country CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each Title(s) and/or Directors Officer and/or Director (Do NOT Use Post Office Box Numbers) City / State / Zip learwater **PTDS** 36401 US Hwy 19: N Rutenberg, Charles Palm-Harbor, FL 34684 3140 Masters 100002313281---10/06/97--01169--013 *****923,75 *****923. ****923.75 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name Rutenberg Management Corporation Street Address (P.O. Box Number is Not Acceptable) 96401 US Hwy 19 N (New Address) Palm Harbor, FL 3468 Suite, Apt. #, Etc. Zip Code State ed corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent Date 9-30-97 REGISTERED AGENT MUST SIGN 11. Does this corporation pay any intangible tax to the (See other side for information on intangible tax.) Dept. of Revenue under S. 199.032, Florida Statutes. Nol Yes 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

CHARLES PUTENAGRA

9/20/9/(813)78