

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR REINSTATEMENT

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



99 FEB -11 AM 11:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J48173

1. Corporation Name
Cusion, Inc.

Principal Place of Business *225 Gulf Shore Blvd. N.
Naples, Florida 33940*

Mailing Address *225 Gulf Shore Blvd. N.
Naples, FL 33940*

REINSTATEMENT 95-99

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, if Applicable
*40 Stanley Rose
Suite, Apt. #, etc.
2110 Imperial EC Blvd
Naples, FL
34110 USA*

3. New Mailing Address, if Applicable
*40 Stanley Rose
Suite, Apt. #, etc.
2110 Imperial EC Blvd
Naples, Florida
34110 USA*

4. Date Incorporated or Qualified To Do Business in Florida
12/29/1986

5. FEI Number
65-0124187

6. CERTIFICATE OF STATUS DESIRED

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

1	2	3	4
Title(s)	Name of Officer and/or Director	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	<i>Otto A. Schnuefer</i>	<i>225 Gulf Shore Blvd N.</i>	<i>Naples, FL 33940</i>
P	<i>Olga Schnuefer</i>	<i>"</i>	<i>"</i>
VP	<i>Nelson Schnuefer</i>	<i>"</i>	<i>"</i>
T	<i>Marcus Schnuefer</i>	<i>"</i>	<i>"</i>
<i>— See attached —</i>			

8. Name and Address of Current Registered Agent
*Otto A. Schnuefer
225 Gulf Shore Blvd N.
Naples, FL 33940*

9. Name and Address of New Registered Agent
Name *Stanley Rose*
Street Address (P.O. Box Number is Not Acceptable) *2110 Imperial EC Blvd*
State, Apt. #, Etc. *FL 34110*
City *Naples*

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 *Stanley Rose* REGISTERED AGENT MUST SIGN *SR* Date *12/29/98*

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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]* *Olga Schnuefer* President Date *12/29/98* Daytime Phone # *941 5663511*

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DIRECTORS/OFFICERS/ADDRESSES

CUSHION, INC.

**New Director:
[new address]**

Marion Schröder
c/o Stanley F. Rose
2110 Imperial G.C. Blvd.
Naples, FL 34110

**President:
[new address]**

Olga Schröder
c/o Stanley F. Rose
2110 Imperial G.C. Blvd.
Naples, FL 34110

**VP/Secretary:
[new address]**

Marion Schröder
c/o Stanley F. Rose
2110 Imperial G.C. Blvd.
Naples, FL 34110

**Treasurer:
[new address]**

Marcus Schröder
c/o Stanley F. Rose
2110 Imperial G.C. Blvd.
Naples, FL 34110