FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

2008 JAN 9 PM 4:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L10546

1. Corporation Name
LOCATIONS EXTRAORDINAIRE, INC

200114554722
01/09/08--01023--016 **450.00

REINSTATEMENT 06-08

CR2E081 (1/97)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
6794 Giralda Cir.	6794 Girelda Circle
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Boca Raton, FL	City & State: Boca Raton, FL
Zip: 33433 Country: USA	Zip: 33433 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 01/04/1988

5. FEI Number: 650022056 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: Ms. Verna Shore

Street Address (P.O. Box Number is Not Acceptable): 6794 Girelda Circle

Suite, Apt. #, Etc.

City: Boca Raton State: FL Zip Code: 33433

☑ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

$500
450

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0303, F.S.

Signature of Registered Agent: X [signature] Date: Dec 12/07

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
President	Verna Shore	6794 Girelda Circle	Boca Raton, FL 33433
Vice President	Brian Cabin	3000 Holiday Dr. #801	Ft. Lauderdale FL 33316

REINSTATEMENT 06-08

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 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 contained in Chapter 119, 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.

561

SIGNATURE: X [signature] Dec. 12/07 487-5050

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

1150