PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED

05 JUL 28 PM 2:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. Ecke AUG 04 2005

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K39766

1. Corporation Name

REMOR CORPORATION

REINSTATEMENT 00-05

2. Principal Office Address	**3.** Mailing Office Address
2729 CENTER CT. DRIVE	2729 CENTER CT. DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WESTON, FLORIDA	City & State: WESTON, FLORIDA
Zip: 33332 Country: USA	Zip: 33332 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 10/19/1988

5. FEI Number: 65-0230548 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED: X

7. Name and Address of Current Registered Agent

Name: RAUL J.A. MARTINEZ-ESTEVE

Street Address (P.O. Box Number is Not Acceptable): 1500 SAN REMO AVENUE

000052264775
08/12/05--01038--004 **150.75

Suite, Apt. #, Etc.: #290

City: CORAL GABLES State: FL Zip Code: 33146

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: _____ Date: _____

REGISTERED AGENT MUST SIGN

CR2E081 (01/05)

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
PD	RICHARD T. ROMER	2729 CENTER CT. DRIVE	WESTON, FLORIDA 33332

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 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: _____ 07-13-2005 954385-2448

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