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APPLICATION FLORIDA E SAI			ONS BEFORE THENT OF STATE MOITHAM TY OF STATE CORPORATIONS	State FILLED AM ID: 54		Ա	
DOCUMENT # L34835 1. Corporation Name POURTY'S BY WANDA INC				SECRETARY OF STATE TALLAHI SCEE, FLORIDA			
Principal Place of Business Mailing Address				-10			
SAME		Mailing Address 8141 Mystic Boynton Bc	•				
If above addresses 2. New Principal Of	are incorrect in any way, line the Address, If Applicable	3. New Mailing Office Ad		Date Incorporate To Do Business	in Flaviole	2	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number	12-89	Applied For	
City & State		City & State		6501618	773	Not Applicable	
Z ip	Country	Zip	Country			Additional Fee required a Certificate of Status	
Trile(s) 2 PRes	Name of Officers and/or Directors NDA AR MeWA		Street Address of Ea Officer and/or Direct to NOT Use Post Office Boy Office Boy Mys Yic H	or Numbers) 4	96-98	1.Fl 33436	
8.	Name and Address of Curren	nt Registered Agent		9. Name and Addr	ess of New Registered Ag		
WANDA ARMEYYA LOMBARDO 8141 MYSTIC HARBOR CIRCLE BOYNTON BEACH, F1 33436				Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.			
Signature of Registered Agen		Combaralo REGISTERED AGENT MUST	SIGN		07.0505, F.S. Date		
11. This cou	rporation owes or I ble Personal Prope	nas paid the curre irty tax due June 3	nt year 30. Yes 🎝	Z No D	(See other side f on intangil		

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: LANGUAGE AND TYPED OR PRINTED NAME OF SIGNING OFFICE OF DIRECTOR

3-14-98 1-56/588-3305