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 filling 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:

Suite, Apt. #, etc.

City & State

33065

Signature of

Titles

P/T/S

Registered Agent

Zip

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R. BOSSHARDT

ALAN H. ROSENTHAL

🐫 🦩 CERTIFIED PUBLIC ACCOUNTANT, P.A.

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3300 UNIVERSITY DRIVE SUITE 305 CORAL SPRINGS, FLORIDA 33065 (954) 752-4013 FAX (954) 752-5610 MEMBER
FLORIDA INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS
AMERICAN INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS

Reinstatement Section:

January 27, 2000

Alan Rosenthal C.P.A.