PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE APPLICATIC FILEU FIGNE TARY OF STATE FROM OF CORPORATION Katherine Harris Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS 99 OCT 28 PH 4:44 L99142 DOCUMENT # 1. Corporation Name 700003035457--8 -11/04/99--01085--001 DONEAGAIN, INC. ****150.00 ****150.00 Principal Place of Business Mailing Address WANNIEL SOME 2950 N. 28Th Tellace 2950 N. 28th Terrice Hollywood, Fla 33020 Hollywood, Fla 33020 ncorrect in any way, line through incorrect information and enter correction below Date Incorporated or Qualified To Do Business in Florida 09/10/1990 Suite, Apt #, etc. 5. FEI Number Applied For 65-0229279 Not Applicable \$8.75 Additional Fee required CERTIFICATE OF STATUS DESIRED for a Certificate of Status 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director Name of Officers and/or Directors City / State / Zip Title(s) GOMBERG, GENE D. STDS D GOMBERG, KENNETH P STRUNIN, RICHARD D WEISER, WARREN **VCFO** CRISTENSEN, STEVEN 2950 N. 28th Tellace ss of New Registered Agent 8. Name and Address of Current Registered Agent RICHMAN, GREER W 201-SOUTH DISCAYNE BLVD. _10TH FLOOR_ 150 West Flagki St. MIAMI FL 33131 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. Registered Agent REGISTERED AGENT MUST SIGN 11.1 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 AND OFFICER PROPERTY SENSEN