PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

I was in a serious accident + sustained serious concussion + memory loss. Please accept my apologies. Been in + out Hospital.

DOCUMENT # M38508

96 DEC 31 PM 3:56

1 Corporation Name

MICHELE LAURENT ENTERPRISES, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
7152 BERACASA WAY 7152 BERACASA WAY BOCA RATON FL 33433 US	~~7152 BERACASA WAY~~ 7152 BERACASA WAY BOCA RATON F 33433 US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 1996
MWB 1-3-97

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 09/17/1986

5. FEI Number: 59-2716734 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $8.75 Additional Fee required 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
~~PVST~~	~~LAURENT-PASTINA, MICHELE~~ Pastina, Michele	~~7152 BERACASA WAY~~	~~BOCA RATON FL~~ ~~33433~~
PVST	PASTINA, MICHELE	7152 Beracasa Way	Boca Raton, FL 33433

~~600002048016 - 8~~
-01/07/97--01076--011
~~****375.00~~ ****375.00

8. Name and Address of Current Registered Agent

~~LAURENT-PASTINA, MICHELE~~
~~7152 BERACASA WAY~~
~~BOCA RATON FL 33433~~

Pastina, Michele
7152 Beracasa Way

9. Name and Address of New Registered Agent

Name: Pastina, Michele
Street Address (P.O. Box Number is Not Acceptable): 7152 Beracasa Way
Suite, Apt. #, Etc.: ~~Boca Raton, FL 33~~
City: Boca Raton | State: FL | Zip Code: 33433

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.

Signature of Registered Agent: Michele Laurent Pastina Date: 12/16/96
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐ (See other side for information on intangible tax.)

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: Michele Laurent Pastina 12/16/96 (561) 338.5955
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E040 (7/96)

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