PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION** Katherine Harris FOR Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS M 51138 D@CUMENT # TRANS-CONTINENTAL BROKERS, INC. 99 FEB 22 PM 13: 32 1. Oprporation Name SECHERAL OF STATE TALLARASSEE, FLORIDA Mailing Address 2901 CLINT MOORE SVITE 324 BOCA RATON FL 334%-2041.
If above addresses are incorrect in any way, line through incorrect information and enter correction below 334%-2011 4. Date Incorporated or Qualified
To Do Business in Florida APRIL 29, 1987 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable Suite, Apt #, etc Suite, Apt. #, etc. City & Stale City & State Country Country 7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) Title(s) and/or Directors GERARD O. LALIBEATE 6606 NEWPORT LAKE CIR FL 33496-3001 800002789368--6 -02/26/99--01113--006_ ****908.75 ****908.75 REINSTATEMENT 98 19 15 2/22/99 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent GERARD O. LALIBERTE GERARD O. LALIBERTE

6606 NEWPORT LAIKE CIR. 6606 NEWPORT LAKE CIR.

Street Address (P.O. Box Number is Not Acceptable)

Suite. Apt #. Etc. BOCA RATON FL BOCA RATON State Zip Code 33 9 and accept the obligations of Section 607.0505, F.S. 33496-3001 10. I, being appointed the registere Signature of Registered Agent ___ 11. This corporation owes the current year (See other side for information on inlangible tax.) Yes No M Intangible Personal Property Tax due June 30. 12. Learlify that Lam 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. GERARD O. LALIBERTE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR