PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE CORPORATION 10 MAY -4 PM 12: 49 Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS 程道性IART OF SPEEd TALEAMASSEE, FLORIDA DOCUMENT # NO 10000 3000 EACH OUT 2000S HAITIAN REINSTATEMEN MINORiter. 400180295674 05/04/10--01055--023 **551.25 2. Principal Office Address - No P.O. Box # Mailing Office Address 11637 NW 460K 11037 NW 46 DR. CR2E081 (4/10) Suite, Apt. #, etc. Suite, Apt. #, etc Coral Spring Date Incorporated or Qualified To Do Business in Florida 00 City & State City & State 33076 5. FEI Number Applied For ocal Not Applicable Country \$8.75 Additional Fee required for a Certificate of Status USA 330 JA 3307 6 Name and Address of Current Registered Agent PROFIT CORPORATIONS ONLY Name ☐ The \$600.00 reinstatement fee is imposed, Amercie except in circumstances which the entity did Street Address (P.O. Box Number is Not Acceptable) not receive the prior notices. By checking 11037 NW 46D1 this box, you are certifying the prior Suite, Apt. #. Etc. notices were not received and requesting the reinstatement fee be waived. Zip Code 33076 FL registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. I, being appointed the Signature of Registered Agent REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors). Name of Officers and/or Directors Street Address of Each Officer and/or Director Titles 11037 NW 46DF place yochoo. 10. E-mail Address: (To be used for future annual report notification) 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 wher filing this reinstatement application, the leason 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. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect

M.

SHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

mencie

as if made under path

SIGNATURE:

(over)

Daytime Phone #

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Date

Secretary

Joseph Lorefils 3005 NE 190 Street Aventura, FL 33180