.2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS DOCUMENT # N03000008115 1. Entity Name 05 DEC -7 AM II: 34 TICKET HOME, INC. Principal Place of Business Mailing Address 4140 SW 70TH COURT PO BOX 165657 MIAMI, FL 33157 MIAMI, FL 33116-5657 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 11182005 REIN-NP CR2E099 (6/04) City & State City & State 4. FEI Number 04-3774918 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CHANG, GILDA L 4140 SW 70TH COURT Street Address (P.O. Box Number is Not Acceptable) MIAMI, FL 33157 Zip Code City FL 8. The above named entity bmits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept red agent. SIGNATURE typed or printed name of registered agent and title if applicable ILE NOW!!! FEE IS \$61.25 Make check payable to In accordance with s. 607.193(2)(b), F.S., the uary 1, 2006, Fee will be \$122.50 Florida Department of State corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition RODREGUEZ, ANGEL NAME NAME STREET ADORESS 8500 SW 109TH AVE APT 112 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33173 CITY+ST-ZIP D Delete TITLE TITLE ☐ Change ☐ Addition BRIDGES, CLIVE R NAME NAME STREET ADDRESS 5740 HAWKES BLUFF AVE STREET ADDRESS CITY-ST-ZIP DAVIE, FL 333312527 CITY-ST-ZIP D TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME RUFF, JOY C NAME 600051992716 12/07/05--01040--023 **61 STREET ADDRESS 520 NW 199TH AVE STREET ADDRESS **\$1.25 PEMBROKE PINES, FL 33029 City-St-7P CITY-ST-ZIP TITLE □ Delete TITLE ☐ Chanoe ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-7P CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 917, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an avachme