

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

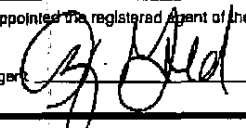
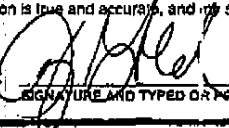
04 JUN 21 PM 2:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|                                                                                                                      |                |                                                                                   |                                                   |                                                                               |  |
|----------------------------------------------------------------------------------------------------------------------|----------------|-----------------------------------------------------------------------------------|---------------------------------------------------|-------------------------------------------------------------------------------|--|
| <b>CORPORATION<br/>REINSTATEMENT</b>                                                                                 |                |  |                                                   | FLORIDA DEPARTMENT OF STATE<br>Secretary of State<br>DIVISION OF CORPORATIONS |  |
| <b>DOCUMENT # N03506</b>                                                                                             |                |                                                                                   |                                                   |                                                                               |  |
| 1. Corporation Name<br><br>THE PORT MALABAR INTERCHANGE MASTER ASSOCIATION, INC.                                     |                |                                                                                   |                                                   |                                                                               |  |
| 2. Principal Office Address<br>965 N. Nob Hill Road                                                                  |                |                                                                                   | 3. Mailing Office Address<br>965 N. Nob Hill Road |                                                                               |  |
| Suite, Apt. #, etc.<br>#208                                                                                          |                |                                                                                   | Suite, Apt. #, etc.<br>#208                       |                                                                               |  |
| City & State<br>Plantation, FL                                                                                       |                |                                                                                   | City & State<br>Plantation, FL                    |                                                                               |  |
| Zip<br>33324                                                                                                         | Country<br>USA | Zip<br>33324                                                                      | Country<br>USA                                    | 4. Date Incorporated or Qualified<br>To Do Business in Florida 06/07/1984     |  |
| 5. FEI Number<br>59-2463929                                                                                          |                |                                                                                   |                                                   | Applied For<br>Not Applicable                                                 |  |
| 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status |                |                                                                                   |                                                   |                                                                               |  |

REINSTATEMENT 03-04

|                                                                            |                               |
|----------------------------------------------------------------------------|-------------------------------|
| 7. Name and Address of Current Registered Agent                            |                               |
| Name<br>Amy H. Goldin - c/o Amy H. Goldin, P.A.                            |                               |
| Street Address (P.O. Box Number is Not Acceptable)<br>965 N. Nob Hill Road |                               |
| Suite, Apt. #, Etc.<br>#208                                                |                               |
| City<br>Plantation,                                                        | State<br>FL Zip Code<br>33324 |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                     |                                                   |                      |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|---------------------------------------------------|----------------------|
| 8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                     |                                                   |                      |
| Signature of<br>Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | Date                                              | 04/14/04             |
| REGISTERED AGENT MUST SIGN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                     |                                                   |                      |
| 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                     |                                                   |                      |
| Title                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Name of<br>Officers and/or Directors                                                | Street Address of Each<br>Officer and/or Director | City / State / Zip   |
| DPS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Amy H. Goldin                                                                       | 965 N. Nob Hill Road #208                         | Plantation, FL 33324 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                     |                                                   |                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                     |                                                   |                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                     |                                                   |                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                     |                                                   |                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                     |                                                   |                      |
| 10. 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)(f), 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | Date                                              | 04/14/04             |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                     | Daytime Phone #                                   | 954-915-6949         |

H04000129875.3

202

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H04000129875 3)))

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850)205-0384

From:

Account Name : RUDEN, MCCLOSKY, SMITH, SCHUSTER & RUSSELL, P.A.  
Account Number : 076077000521  
Phone : (954)527-2428  
Fax Number : (954)764-4996

**CORPORATION REINSTATEMENT**

**THE PORT MALABAR INTERCHANGE MASTER ASSOCIATION, INC**

|                       |          |
|-----------------------|----------|
| Certificate of Status | 1        |
| Certified Copy        | 0        |
| Page Count            | 01       |
| Estimated Charge      | \$306.25 |

Electronic Filing Menu

Corporate Filing

Public Access Help