PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

REINSTATEMENT	ORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 09 MAR -9 AM 10: 49 SECRETARY OF STATE ALLAHASSEE, FLORIDA	
DOCUMENT # NO400000	6303	f ,	ALLAHASSEE, FLORIDA	
MOTHER DEAREST, Inc.		REINSTATEMENT 05-08		
2. Principal Office Address - No P.O. Box # 3. Mailing Office Address 814 POPLAR DRIVE 814 POPLAR DRIVE		I I Post A	CR2E081 (12/08) :	
Suite, Apt. #, etc.	a, Apt. #, etc.	4. Date Incorpor	rated or Qualified ess in Florida	
LAKE PARK, FL. 33408 L		5. FEI Number	Applied For Not Applicable	
$\frac{z_{ip}}{33403}$ $\frac{c_{ountry}}{USA}$ $\frac{z_{ip}}{3}$	33403 Country 13A	G. CERTIFICATE C	STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status	
Name Antonio L. J. PIERCE Street Address (P.O. Box Number is Not Acceptable) 516 PARK PLACE (Apt. 3) Suite, Apt. #, Etc. City WEST Palm Bch. FL. State Zip Code FL. 33401		The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.		
Signature of Registered Agent REGISTERED AGENT MUST SIGN Registered Agent				
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)				
Titles Name of Officers and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip	
DIP BRENDA G.W. Isbell 814 Poplar DRIVE		IVE	LAKE PARK, FI. 33403	
V Antonio L.J. YIERCE 516 PARK PLACE (Apt 3) West Palm Bch. F1.33401				
S VERLISHA DYKES	111 E. Tiffany I	DRIVE	West Palm Bch, Fl. 33407	
M JOHN W. PIERCE, SR 814 Poplar DRIVE LAKE PARK, F1. 33403				
7 310		700145329007 03/09/0901051009 **8.75		
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 filling this reinstalement 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 contained in Chapter 119, 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.				
on this application is true and accurate, and my signature	shall have the same legal effect as if made under	oain.	İ	