PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

SIGNATURES

BISNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA

09 JUN -5 AM 8: 13

Date

Daytime Phone #

| 1. Corpora | ation Name | ີ#່ND໒ເ hter Dayz, ໄ | _ | 192 | 54 | | | | | | | |
|--|--------------------------------------|--|--|---|--|----------------------------------|--|--------------------|---|--|-----------------|--|
| 20 | orbiig. | 1101 24,2, 2 | | 200156846222 06/05/0901004028 **122.50 | | | | | | | | |
| | | | | Office Address | | | 04/09 | 00149 9/090104 | 133515 14006 | ਭਾਵਾਵ **61.25 | 1 | |
| Suite, Apt. #, etc. Suite, Apt. #, | | | | etc. | | | 4. Date Incorporated or Qualified To Do Business in Florida 12/08/2006 | | | | | |
| City & State City & State Miramar Mirama | | | | | | | 5. FE! Number Applied For ✓ Not Applicable | | | | | |
| ^{Zip} 33023 | ' | | | Zip 33023 | | | 6. CERTIFICATE | E OF STATUS DESIR | RED \$8.75 | Additional Fee ro a Certificate of St | equired atus | |
| 7. Name and Address of Current Registered Agent Name | | | | | | | ☑ The reinstatement fee is imposed, except in circumstances which the entity did not receive | | | | | |
| Josue Hercule | | | | | | | | | | | | |
| Street Address (P.O. Box Number is Not Acceptable) 925 NE 209 STREET | | | | | | | | | notices. By checking this box, you lifying the prior notices were not | | | |
| Suite, Apt. #, Etc. 206 | | | | · | | | received and requesting the reinstatement fee be waived. | | | | | |
| ^{City} Miami | | | | State Zip Code 33179 | | | | | | | | |
| 8. I, being | appointed the | registered agent of the a | above named corpo | oration, am f | amiliar with an | d accept the ot | oligations of section | on 607.0505 or 61 | 17.0503, F.S. | | | |
| Signature o Registered | | tesk | ENT MUST SIGN | | | Date 03/24/2009 | | | | | | |
| 9. Names | and Street Ad | ddresses of Each Officer | and/or Director (Fk | orida nonpro | fit corporations | s must list at lea | ast 3 directors) | | | | | |
| Titles | Name of Officers and/or Directors | | | Street Address of Each Officer and/or Director | | | | City / State / Zip | | | | |
| CEO | Jean Hercule | | | 7231 Fairway Blvd | | | | Miramar, Fl 33023 | | | | |
| Р | Andriss Bass | | | 7231 Fairway Bivd | | | | Miramar, FI 33023 | | | | |
| Secre | Steven D | aphinis | 7231 Fairway Blvd | | | Miramar, FI 33023 | | | | | | |
| VP | Ronald S | t Louis | 7231 Fairway Blvd | | | Miramar, Fl 33023 | | | | | | |
| Treas | reasu Emmanuel Hercule | | | | 7231 Fairway Blvd | | | Miramar, Fl 33023 | | | | |
| 45 Loodin | · that I am on o | Afternoon dispater or the p | | | - average this : | | | | TO LEigher on | -15. that when fills | | |
| this rein | nstatement app by the corporati | officer or director or the re plication, the reason for c ion have been paid and t true and accurate, and m | dissolution has beer the names of individ | n eliminated, duals listed o | , the corporate i on this form do r | name satisfies not qualify for a | the requirements an exemption con | of section 607.04 | 101 or 617.040 | 1, F.S., that all fee | s | |