PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE APPLICATION AS Sandra B. Mortham Secretary of State FILED REINSTATEMENT DIVISION OF CORPORATIONS DOCUMENT # N 51210 98 FEB 24 AM 10: 38 Reunited Club of Ft. Laureedahe, Inc. SECRETARY OF STATE TALLAHASSEE, FLORIDA Mailing Address Principal Place of Business 3720 W. ANDREWS AVE. Ft. Lauderdale, FL. 33334 REINSTATEMENT AD If above addresses are incorrect in any way, line through incorrect information and enter correction below. 3. New Mailing Office Address, If Applicable Date Incorporated or Qualified To Do Business in Florida 2. New Principal Office Address, If Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For City & State City & State \$8.75 Additional Fee required Country Country CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Name of Officers City / State / Zip Officer and/or Director (Do NOT Use Post Office Box Numbers Title(s) 511. NE JRES. Ltone MANDRS. ONKLAND VARK, FL 33334 6000002448536 -03/05/98--01103--002 ****358.75 ****358.75 9. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent CURREW Sheei BowMAN 3841 NE 11th Ave. Suite, Apt. #, Etc. DAKLAND PARK, FL33334 State Zip Code 10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent _ MOWMAN REGISTERED AGENT MUST SIGN This corporation owes or has paid the current year Intandible Personal Property tax due June 30. Yes 🗀 12. 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)(i), 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. 2-9-98 (954)565-8

SIGNATURE: