


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <i>NG4000003864</i>			
1. Corporation Name <i>Heroes Unite Inc.</i>			
2. Principal Office Address <i>SAME</i>		3. Mailing Office Address <i>2501 NE 135th Street</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>North Miami, Florida</i>		City & State <i>North Miami, Florida</i>	
Zip <i>33161</i>	Country <i>USA</i>	Zip <i>33181</i>	Country <i>USA</i>

**APPROVED
AND
FILED**

02 AUG 19 PM 12:39

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

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--08/23/02--01043--006
****183.75 ****183.75

**4. Date Incorporated or Qualified
To Do Business in Florida** *8/12/94*

5. FEI Number *650565363*

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent		
Name <i>Gustavo Cuervo</i>		
Street Address (P.O. Box Number is Not Acceptable) <i>2501 NE 135th Street</i>		
Suite, Apt. #, Etc.		
City <i>North Miami</i>	State FL	Zip Code <i>33181</i>

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 Registered Agent *[Signature]* **REGISTERED AGENT MUST SIGN** Date *8/12/02*

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
<i>P/D</i>	<i>Alice Billman</i>	<i>2501 NE 135th Street</i>	<i>North Miami, FL 33181</i>
<i>V/P/D</i>	<i>Gustavo Cuervo</i>	<i>2501 NE 135th Street</i>	<i>North Miami, FL 33181</i>
<i>S/D</i>	<i>Mimi Korman</i>	<i>2022 NE 121st Road</i>	<i>Sans Souci, FL 33181</i>

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)(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.

SIGNATURE: *Alice Billman* *Alice Billman* *8/12/02* *305-8958326*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #