PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 MAY -4 PM 2:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000002205

1. Corporation Name
ANTIQUE CENTER OF PEMBROKE PARK INC.

2. Principal Office Address	3. Mailing Office Address
205 ANSIN Blvd.	205 ANSIN Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: HALLANDALE FL	City & State: Hallandale Florida
Zip: 33009 Country:	Zip: 33009 Country:

REINSTATEMENT 05-06

CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business In Florida: 01-07-2000

5. FEI Number: 65-0976032 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee Required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: GASS Daniel G

Street Address (P.O. Box Number is Not Acceptable): 10001 NW 50 Street

Suite, Apt. #, Etc.: Suit 204

City: Sunrise State: FL Zip Code: 33351

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05712706--01025--027 **1050.00

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 _____ Date _____
REGISTERED AGENT MUST SIGN

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
PRE	RANDA MASRI	1958 NW 171 Av.	Pembroke Pines FL 33009

$35/10

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 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.

SIGNATURE: [signature] RANDA MASRI 5-1-06 954 454 8688
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #