PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

7. Name and Address of Current Registered Agent Name Frederick Brown Street Address (P.O. Box Number is, Not Acceptable) 73.0 FATTWAY BIVD Suite, Apt. #, Etc. City Miramar 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 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 Officers and/or Directors City / State / Zip City / State / Zip	CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILET 06 SEP 28 80 3:48	
2. Principal Office Address 3. Malling Office Address 7301 FAIrWAY BIVA Suite. Apt. #, etc. # 17 City & State Suite. Suite.	DOCUMENT # 8000000 6307 6 1. Corporation Name		SECHLA TALLALALA	
Sulte, Apt. #, etc. #17 City & State #18 City & State #19 City & State #19 Country #20 Country #33023 Country #33023 Country #33023 Country #33023 Country #33023 Country #34 Country #35 FEI Number #35 FEI Number #36 Certificate of Status Desired B #37 Additional Fer require #37 **Country #30 #30 #30 **Country #30 #30 **Country #30 #30 #30 **Country #30 #30 #30 #30 **Country #30 #30 #30 #30 #30 #30 #30 #3	Cardi Holdings INC.			
4. Date Incorporated or Qualified To Do Business in Fiorida Tune 26, 300 Appled For Miramar F. Zip 33157 Country 33033 Country 33157 Country 33033 Country Country 33033 Country 6. CERTIFICATE OF STATUS DESIRED STORE Additional Feer require for a Certificate of Status 7. Name and Address of Current Registered Agent Name Frederick Brown Street Address (P.O. Box Nymber is, Not Acceptable) 7300 Part Way BIVD Suite, Apt. 8, Etc. City Miramar 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 Officers and/or Directors Titles Officers and/or Directors 7301 Fairway BIVD Miramar F1. 33023 4. Date 12 p Code To Do Business in Fiorida Tune 26, 200 Appled For To Do Business in Fiorida Tune 26, 200 Appled For Country Not 201 State 201 Sta	107755.W.190	7301 FAIRWAY BIVD	RENSTATEMENT 02-06	
Minam F. Miramar F. 6.5-1046 924 Zip 33157 Country 333023 Country 4. 6. CERTIFICATE OF STATUS DESIRED Status Service of Service of Status Service of Serv	#17			
33157 U. S.A 33023 U.S.A CERTIFICATE OF STATUS DESIRED 3375 Additional Fee require for \$ Gertificate of Status 7. Name and Address of Current Registered Agent Name Frederick Brown Street Address (P.O. Box Number is, Not Acceptable) 730 Fairway B V D Suite, Apt. #. Etc. City Miramar 8. 1. 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 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 Officer and/or Director Titles Registered Brown 730 Fairway BlvD Miramar 9.3302	Miami H.	Miramar H.	5. FEI Number Applied For	
Street Address (P.O. Box Number is, Not Acceptable) Street Address of State State Zip Code FL Zip Code F	33157 U.S.A	33023 U.S.A	CERTIFICATE OF STATUS DESIGED M 50.75 Additional Fee required	
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Signature of Registered Agent				
Titles Name of Officers and/or Directors Street Address of Each Officer and/or Director Prederick Brown 7301 Fairway Blub Miramar 19.3302 M Admene Brown 7301 Fairway Blub Miramar F1.3302	Signature of Registered Agent Date 9/21/06			
Prederick Brown 7301 Fairway Blub Miramar 19.3302 M Adviene Brown 7301 Fairway Blub Miramar 19.3302	9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
*	Officers and/or Directors	Officer and/or Director	City / State / Zip	
*	P Frederick	Brown 7301 FAIRWA	y Blub Miramar 14.33028	
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			03/28/00-01035-010 991330113	
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 pald 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #				