PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

UBR 02-03

FILED
03 FEB 24 AM 11:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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02/24/03--01052--006 **300.00

DOCUMENT # P00000076376

1. Corporation Name
INSTINCT INC.

2. Principal Office Address	3. Mailing Office Address
102 NE 2ND ST	P.O. BOX 861
Suite, Apt. #, etc.: 152	Suite, Apt. #, etc.
City & State: BOCA RATON, FL.	City & State: BOCA RATON, FL
Zip: 33432 Country: USA	Zip: 33429 Country: USA

4. Date Incorporated or Qualified To Do Business In Florida

5. FEI Number: 65-103 7091 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: ANN A. MATTERA
Street Address (P.O. Box Number Is Not Acceptable): 102 NE 2ND ST
Suite, Apt. #, Etc.: 152
City: BOCA RATON, FL. 3 State: FL Zip Code: 33432

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: Ann A. Mattera Date: 2-21-03
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
P	ANN A MATTERA	BOCA RATON 102 NE 2ND ST	# 152 BOCA RATON, FL 33432
T	ANN A MATTERA	" "	"
S	ANN A MATTERA	" "	"

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: Ann A. Mattera 2-21-03 561 417-4005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

2-21-03

Please re-instate my corporation for DOCUMENT # P00000076376 as per my conversation with Barbara from your office. I am enclosing #300.00 fee that she asked me to send. I have never received any papers from you. Please fax my paper to 1-561-417-6078 and then mail to:

MAILING ADDRESS
Ann A. Mattera
P.O. Box 861
Boca Raton, FL. 33429

My address has changed to:
102 N.E 2ND ST #152
BOCA RATON, FL. 33432

It was:
9965 ~~PINEAPPLE~~ TREE DR
~~BOYNTON~~ BE. FL 33436

Thank you so much