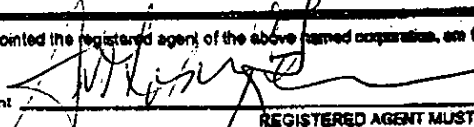
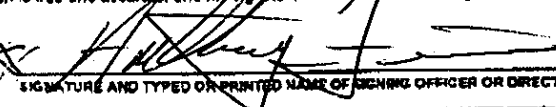


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 03 AUG -1 PM 12:19 SECRETARY OF STATE TALLAHASSEE, FLORIDA 600022352286 08/15/03--01057--029 **1050.00 REINSTATEMENT	
DOCUMENT # P00000088378					
1. Corporation Name FERRARI & ASSOCIATES, INC. 350 Lincoln Road Suite 418 Miami Beach, Florida 33139					
2. Principal Office Address 350 Lincoln Road Suite, Apt. #, etc. 418 City & State Miami Beach FL Zip 33139 Country USA			3. Mailing Office Address 350 Lincoln Road, Suite, Apt. #, etc. 418 City & State Miami Beach FL Zip 33139 Country USA		
4. Date Incorporated or Qualified To Do Business in Florida			5. FEI Number 65-104-9071		
6. CERTIFICATE OF STATUS DESIRED ☐			Applied For Not Applicable		
7. Name and Address of Current Registered Agent					
Name Ferrari, Anthony					
Street Address (P.O. Box Number is Not Acceptable) 350 Lincoln Road					
Suite, Apt. # Etc. 418					
City Miami Beach FL 33139					
State FL					
Zip Code 33139					
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: July 31, 2003					
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		
PST	Anthony Ferrari	350 Lincoln Road. Suite 418	Miami Beach FL 33139		
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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: July 31, 2003					
Daytime Phone #: 305-674-1210					

CR22-001 (2001)