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

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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	3. Mailing Office Address
350 Lincoln Road	350 Lincoln Road,
Suite, Apt. #, etc.: 418	Suite, Apt. #, etc.: 418
City & State: Miami Beach FL	City & State: Miami Beach FL
Zip: 33139 Country: USA	Zip: 33139 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 65-104-9071 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5.75 Additional Fee Required for a Certificate of Status

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

CR2E001 (9/01)

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 FLA. 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: _____ July 31, 2003 305-674-1210
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #