


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P00000102951

1. Corporation Name

DRYCO, INC.

2. Principal Office Address - No P.O. Box #

1001 W Cypress Creek Rd. 6278 N. Fed Hwy.
Suite, Apt. #, etc. # 320 D

City & State

FT. LAUDERDALE FL

Zip

33309

Country

USA

3. Mailing Office Address

6278 N. Fed Hwy.
Suite, Apt. #, etc. # 266

City & State

FT. LAUD. FLA.

Zip

33308-1916

Country

USA

200102141772
05/11/07--01003--011 **300.00

REINSTATEMENT 05-07

4. Date Incorporated or Qualified
To Do Business in Florida

2000

5. FEI Number

65-1068933

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$875 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ROBERT JAY FLEISHMAN

Street Address (P.O. Box Number is Not Acceptable)

1001 West Cypress Creek Rd.

Suite, Apt. #, Etc.

#320 D

City

Fort Lauderdale

State

FL

Zip Code

33309

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Robert Jay Fleishman

REGISTERED AGENT MUST SIGN

Date 4/14/07

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
PSD	Robert T Fleishman	1001 West Cypress Creek Rd.	Fort Lauderdale FL 33309

200102141772
05/11/07--01003--012 **150.00

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:

Robert Jay Fleishman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/07
Date

954 970 0003
Daytime Phone #