## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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  Officer and/or Director  City / State / Zip		RPORATION ISTATEMENT		A DEPARTM Secretary o		TE	03 FEB	II AM	10: 19				
2. Principal Office Address 1550 NE: MIAMI GARDENS DR. 1550 NE: MIAMI GARDENS DR. Sulte, Apt. #, etc. 306 306 4. Date Incorporated or Qualified To Do Sulmess in Product To Superince Principal To Superince Principal To Sulmess in Product To Superince Principal To Sulmess in Product To Superince Principal To Sulmess in Product To Sulmess in Pro	1. Corporation Name							TARY UP ASSEE,	FLORIDA				
2. Principal Office Address 1.550 NE MIAMI GARDENS DR. 1.550 NE MIAMI GARDENS DR. 3. Mailing Office Address 1.550 NE MIAMI GARDENS DR. 3. Suite. Apt. #, etc. #, e							70 01/29/	1 <b>001</b> :	11934 193002	4.517 **750	បារា		
Suite, Apt. #, etc.  SUITE 306  Suite, Apt. #, etc.  306  City & State  NORTH-MIAMT-BEACH; FLL  Suite Address of Current Registered Agent  7. Name and Address of Current Registered Agent  Name  North J L Privis Es Q  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc.  Suite Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  P. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Titles  North Miam Garden Suite Suit	,			•			10° 21' LL 10'		-00 001	0	·		
SUITE 306  City & State  NORTH MIAMI BEACH; FLL  NORTH MIAMI BEACH; FLL  NORTH MIAMI BEACH; FLL  Solution  Jan  Country  33179  Country  33179  Country  And Jan  Country  State Address of Current Registered Agent  City And Jan  Country  City And Jan  Country  And Jan  Country  And Jan  Country  State And Country  State And Country  And Jan  Country  State And Country  State And Country  And Jan  Country  And Jan  Country  And Jan  Country  And Jan  Country  State And Country  State And Country  And Jan  Country  And Jan  Country  State And Country  Country  And Jan  Country  State And Country  And Jan  Country  And Jan  Country  State And Country  And Jan  Country  And Jan  Country  State And Country  Country  And Jan  Country  State And Country  Coun				<del> </del>			M.	())	UB	1			
City & State  NORTH_MIAMT_BEAGH; FI == NORTH_MIAMT_BEACH; FI == Set Number   State   S	. ,	<i>*</i>	1					4. Date Incorporated or Qualified					
Street Andress (PO. Box Number is Not Acceptable)   Street Acceptable   Street A	City & State	)	City & State	City & State				To Do Business in Florida Feb 19, 2001					
27 Country DADE  33179  Country DADE  33179  Country DADE  6 CERTIFICATE OF STATUS DESIRED   57. Name and Address of Current Registered Agent  77. Name and Address of Current Registered Agent  Name  Name  Name  Name  Name  Name  Not Address of Desired Address of Current Registered Agent  Name  Name  Name  Not Address of Desired Agent  Not State  Not State  Not Not Not Not Not Not Acceptable)  Suite. Appl. 4, Etc.  Suite. Suite. Suite. Suite. Suite.  Not	* ***	LMIAMI-BEACH, FL	₩ NORTH	NORTH-MIAMI BEACH, FL			5 FEL Number Applied Fore						
Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc.				6	•		6.		DESIRED   \$8	3.75 Additiona	Fee required		
Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.			7.	Name and Addre	ss of Current Re	gistere	d Agent						
8. I, being appointed the registered egent of the above managed 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  SUITE 306,1550 NE MIAMI NORTH MIAMI BEACH, FL GARDENS DR.  33179  T/D RONALD L. DAVIS  SUITE 200,1550 NE MIAMI NORTH MIAMI BEACH, FL GARDENS DRIVE  33179  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 r. S., that all fees owed by the corporation have been paid and the names of splight/viticals is listed on this form do not qualify for an exemption under section 119.07(3)(n. F.S. The information indicated		Street Address (P.O. Box Number is Not Acceptable)  Suite 200 1550 D.E. Mim. Grander > Dr.  Suite, Apr. #, Etc.  Suite 200  State Zip Code											
Name of Officers and/or Directors  Street Address of Each Officer and/or Director  P/D JORGE MENA  SUITE 306,1550 NE MIAMI NORTH MIAMI BEACH, FL GARDENS DR.  33179  SUITE 200,1550 NE MIAMI NORTH MIAMI BEACH, FL GARDENS DRIVE  SUITE 200,1550 NE MIAMI NORTH MIAMI BEACH, FL GARDENS DRIVE  33179  10.1 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 Undividuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated	Signature of Registered A	Agent Mile	REGISTERED A	GENT MUST SIGI	v							CR2E081 (10/02)	
Officer and/or Director  SUITE 306,1550 NE MIAMI NORTH MIAMI BEACH, FL 33179  T/D RONALD L. DAVIS  SUITE 200,1550 NE MIAMI NORTH MIAMI BEACH, FL GARDENS DRIVE  33179  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			and/or Director (F	lorida nonprofit co			st 3 directors)	<del></del>					
T/D RONALD L. DAVIS  GARDENS DR.  SUITE 200,1550 NE MIAMI NORTH MIAMI BEACH, FL GARDENS DRIVE  331.79  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	Titles			Officer and/or Director									
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SIGNATURE 1 01 26 03 305-940-9240	this reins	statement application, the reason for o the corporation have been paid and t	ssolution has bee ie names of indivi	en eliminated, the c duals listed on this	orporate name sati form do not qualify	isfies th / for an under c	ne requirements exemption and path.	of section 60 er section 119	7.0401 or 617.0 .07(3)(i), F.S. Ti	401, F.S., that he information	all fees indicated		