

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

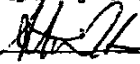
CORPORATION REINSTATEMENT  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P01000020287	
1. Corporation Name PUSHMUFFIN INC	
2. Principal Office Address 920 N Victoria Pk Rd Suite, Apt. #, etc. #A City & State FT LAUDERDALE Zip 33304 Country USA	3. Mailing Office Address 920 N VICTORIA Pk Rd Suite, Apt. #, etc. #A City & State FT LAUDERDALE Zip 33304 Country USA
4. Date Incorporated or Qualified To Do Business in Florida 2/26/01	
5. FEI Number 65-1078391	
6. CERTIFICATE OF STATUS DESIRED ☒ 7. Additional Fee to be paid for a Certificate of Status ☐	

 FILED
 05 APR 14 AM 11:06
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

REINSTATEMENT 03-05

7. Name and Address of Current Registered Agent	
Name Steve P Hillman	
Street Address (P.O. Box Number is not acceptable) 920 N VICTORIA Pk Rd	
Suite, Apt. #, etc. #A	
City FT LAUDERDALE	State FL
Zip Code 33304	

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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 04/01/05	
REGISTERED AGENT MUST SIGN			
9. Names and Street Addresses of Each Officer and 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
PD	STEVE P HILLMAN	920 N VICTORIA Pk Rd #A	FT LAUDERDALE FL 33304
		FT LAUDERDALE FL 33304	FT LAUDERDALE FL 33304
Officer	MIRINDA J Inocco Hillman	920 N VICTORIA Pk Rd #A	FT LAUDERDALE FL 33304
		FT LAUDERDALE FL 33304	
10. I certify that I am an officer or director of the corporation 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)(b), 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: 		Date 04/01/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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