PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

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

DOCUMENT # P01000020287

1. Corporation Name
PUSHMUFFIN INC

REINSTATEMENT 03-05

| 2. Principal Office Address | 3. Mailing Office Address |
|---|---|
| 920 N Victoria Pk Rd | 920 N Victoria Pk Rd |
| Suite, Apt. #, etc.: #A | Suite, Apt. #, etc.: #A |
| City & State: Ft Lauderdale | City & State: Ft Lauderdale |
| Zip: 33304 Country: USA | Zip: 33304 Country: USA |

4. Date Incorporated or Qualified To Do Business in Florida: 2/26/01

5. FEI Number: 65-1078391 (V) Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee is required for a Certificate of Status

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

900052079579
04/26/05 01017 023 **1050.00

Suite, Apt. #, Etc.: # A

City: Ft Lauderdale State: FL Zip Code: 33304

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: [signature] REGISTERED AGENT MUST SIGN Date: 04/01/05

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 |
|---|---|---|---|
| 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 | |
| | | | |
| | | | |

10. I certify that I am an officer or director of the reclaimer 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] 04/01/05
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER OR AUTHORIZED OFFICER OR DIRECTOR — Date — Daytime Phone #