1. E &

RLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| CORPORATION REINSTATEMENT  Secretary of State Secre |   | <u>.</u> [  | rEWOE KEND                | ALL INS            | RUCTIONS BEI                   | TURE              | OWPLE  | ING THIS                                   | FUKIVI.                 |   |       |
|--|---|---|---------------------------|--------------------|--------------------------------|-------------------|--|--|-------------------------|---|-------|
| 1. Corporation Name  S. G.   FREGART    2. Principal Office Address    3. Mailing Office Address    4. Coal Supply Sup |   |   | San College Harris        |                    | Secretary of State             |                   |  | SECRETA                                    | Y OF STATE              |   |       |
| 2. Periopal Office Address 3. Mailing Office Address 5. COURT STATUS DESTRICT STATUS D | DOCUMENT # P0/000021953  1. Corporation Name  |   |                           |                    |                                |                   |  | 600015:272716<br>04/15/0301010025 **150.00 |                         |   |       |
| 2. Principal Office Address 33.2 O O O O O O O O O O O O O O O O O O O   | S.G. TAGGART  |   |                           |                    |                                |                   | 04/15/0301010024 <b>**</b> 150,00                                      |  |                         |   | ß     |
| Sulte, Apt. #, etc.    Sulte, Apt. #, etc.   Sulte, Apt. #, etc.   |   |   |                           | Office Address     |                                | 600015873716 02-0 |  |  |                         | ) <b>^</b><br>                          |       |
| City & State    Minimum  |   |   |                           | Suite, Apt. #      | #, etc.                        |                   |  |  |                         |   | _     |
| ### Applied For John Sold Applied For Institute Englished Applied For Status Desired For a Certificate of Status Desired For a Certificate For a Certificate Poly of Status Desired For Acet Desired  |   |   |                           |                    |                                |                   | 4. Date Incorporated or Qualified To Do Business in Florida 03/01/200/ |  |                         |   | ]     |
| 29 33142 Country DADE 7. Name and Address of Current Registered Agent  TAGGART Street Address (P.O. Box Number is Not Acceptable) Sulle, Apt. #, Ele.  TAGGART Sulle, Apt. #, Ele.  TAGGART Sulle, Apt. #, Ele.  TAGGART Street Address (P.O. Box Number is Not Acceptable) Sulle, Apt. #, Ele.  TAGGART Sulle, Apt. #, Ele.  TAGGART Sulle, Apt. #, Ele.  TAGGART Sulle, Apt. #, Ele.  Taggetered Agent Registered Address of Each Officer and/or Director (Florda nonprofit corporations must list at least 3 directors)  Name of Street Address of Each Officer and/or Director (Florda nonprofit corporations must list at least 3 directors)  Name of Street Address of Each Officer and/or Director (Florda nonprofit corporations must list at least 3 directors)  Name of Street Address of Each Officer and/or Director (Florda nonprofit corporations must list at least 3 directors)  Name of Street Address of Each Officer and/or Director (Florda nonprofit corporations must list at least 3 directors)  Name of Street Address of Each Officer and/or Director (Tipe and Or Directors)  Name of Street Address of Each Officer and/or Director (Tipe and Or Directors)  Name of Street Address of Each Officer and/or Director (Tipe and Or Directors)  Name of Street Address of Each Officer and/or Director (Tipe and Or Directors)  Name of Street Address of Each Officer and/or Director (Tipe and Or Directors)  Name of Street Address of Each Officer and/or Director (Tipe and Or Directors)  Name of Street Address of Each Officer and/or Director (Tipe and Or Directors)  Name of Street Address of Each Officer and/or Director (Tipe and Or Directors)  Name of Street Address of Each Officer and/or Or Street Address of Each Or Stree | ا /سبر مدا  |   |                           | City di State      | City & State                   |                   |  |  |                         |   |       |
| 33142 DADE  7. Name and Address of Currant Registered Agent  Namo  SILVIA  TAGGART  Street Address (P.O. Box Number is Not Acceptable)  Sulfa, Apt. #, Ele.  City MIAM  State  Sulfa, Apt. #, Ele.  City MIAM  State  Address of Each Officer and/or Directors  Triles  Officers and/or Directors  Triles  Officers and/or Directors  Triles  Officers and/or Directors  Triles  Officers and/or Directors  Triles  Tr |   | <del></del>   |                           | Zip                | Country                        |                   |  |  |                         |   | _     |
| 7. Name and Address of Current Registered Agent  Size Address (P.O. Box Number is Not Acceptable)  Suite, Apt. 8, Etc.  City MAM  State   Stat | 3314  | امنا  |                           |                    |                                |                   | CERTIFICA  | TE OF STATUS DESIR                         | \$8.75 Addit for a Cert | ional Fee required<br>ificate of Status | đ     |
| Street Address (P. D. Box Number is Not Acceptable)  Suite, Apt. #, Etc.  City M AM  8. I. being appointed the gegistered agent of the above narged corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.  Signature of ReclistreReD AGENT MUST SIGN  9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  7. SILVIA S TAGGART 3200 ww / 3 th ave MIAMI Plantage 33142  Y ESARA A MATUTE 3200 ww / 3 th ave MIAMI Plantage 33142  V ESARA A MATUTE 3200 ww / 3 th ave MIAMI Plantage 33142  SIGNATURE: Addresses of cach officer of incitor or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name salisfies the requirements of section 607.0401 or 617.0401, F.S. that all flees oved by the corporation have been paid and the names of individuals listed on this torm of not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, any my signature shall have the same legal effect as if made under cash.  O4/08/03 305-638-0025  |   |   |                           |                    |                                |                   |  |  |                         |   |       |
| Street Address of Co. Box Number is Not Acceptable) Suite. Apt. 4, Etc.  City MAM  State Zip Code FL 33 1 42  8. 1, being appointed the perjetered agent of the above narped corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.  Signature of Registered Agent Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  7. SILVIR S TAGGART 3200 xw / 34 Avg MIAMI Planga 33142  V ESGAR A MATUTE 3200 xw / 34 Avg MIAMI Planga 33142  10. Locality 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 cartify that when filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name saliefies the requirements of section 607.401 or 617.0401, F.S. The information indicated on this application is true and accurate, any my signature shall have the same legal effect as if made under cash.  10. 408/03/03 305-638-0025   | r   | Name  |                           |                    |                                |                   |  |  |                         |   |       |
| Sulte, Apt. #, Etc.  City MIAM  State  City MIAM  State  City MIAM  State  Signature of Pregistered agent of the above narged corporation, am familiar with and accept the obligations of section 607.0503 or 617.0503, F.S.  Signature of Pregistered Agent Addresses 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)  Size Address of Each Officer and/or Directors  Size Address of Each Officer and/or Directors  City / State / Zip  P.T.'S SILVIA S TAGGART  3200 ~ / 144 Avg  MIAMI  Plantage  33142  V EAGAR A MATUTE  3200 ~ / 144 Avg  MIAMI  Plantage  33142  Size Address of Each Officer and/or Directors  City / State / Zip  MIAMI  Plantage  33142  V EAGAR A MATUTE  3200 ~ / 144 Avg  MIAMI  Plantage  33142  Size Address of Each Officer and/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 filling this rentstatement application, the reason for dissolution has been eliminated, the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption on order section 119.07(3)(), F.S. The information indicated on this application is true and accurate, and my signature shalf have the same legal effect as if made under oath.  SIGNATURE  SIG |   |   |                           |                    |                                |                   |  |  |                         |   |       |
| Sulte, Apt. #, Etc.  City MIAM  State  City MIAM  State  Address of section 607.0503 F.S.  Date  Titles  Name of  Officer and/or Director  Officer and/or Director  Street Address of Each  Officer and/or Director  City / State / Zip  P.T.S SILVIA S TAGGART  32.00   W / 345   Ave  MIAMI  Plange  33142  V EDGAR A MATUTE  32.00   W / 345   Ave  MIAMI  Plange  33142  Street Address of its converted to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling 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 19.07(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 cath.  SIGNATURE  SIGNATURE  SIGNATURE  STATE   |   | Street Address (P.O. Box Number is Not Acceptable) 33 00 0015873716 |                           |                    |                                |                   |  |  |                         |   |       |
| 8. I, being appointed the projectered agent of the above narged corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.  Signature of Registered Agent Registered Agent Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  9. Names and Street Addresses of Each Officer and/or Directors  Name of Officers and/or Directors  Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  P.T.'S SILVIR S TAGGART 3200 ~~ / 144 Avg HIAMI Floring 33142  V EDGAR A MATUTE 3200 ~~ / 144 Avg HIAMI Floring 33142  10. I cardity 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 filling 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 ell 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:  SIGNA | L'  |   |                           |                    |                                |                   |  |  |                         |   |       |
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| 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  PT-S SILVIR S TAGGART 3200 ~~ / 7 44 Avg MIAMI Planing 33142  Y EDGAR A MATUTE 3200 ~~ / 7 44 Avg MIAMI Planing 33142  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 filling 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 oved 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)(0, 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:  SIG |   | MIAMI   FL   33142  |                           |                    |                                |                   |  |  |                         | ■ ≈                                     |       |
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| Titles Name of Officers and/or Directors Street Address of Each Officer and/or Director City / State / Zip  P.T. S SILVIA S TAGGART 3200 ~~ / 7 4 Ave HIAM! E/ORIOR 33142  V EDGAR A MATUTE 3200 ~~ / 7 Ave MIAM! Plange 33142  10. I cartify 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 filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name salisfies the requirements of section 607,0401 or 617,0401, F.S., that all feos 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: A Summa Accurate, and my signature shall have the same legal effect as if made under oath.  | REGISTERED AGENT MUST SIGN  |   |                           |                    |                                |                   |  |  |                         |   |       |
| Officer and/or Directors  Officer and/or Director  Officer and/or Direc | 9. Names a  | and Street Addr   | esses of Each Officer and | d/or Director (Flo | orida nonprofit corporations r | nust list at le:  | ast 3 directors)   |  | d                       |   | 1     |
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| SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  O4/08/03 305-638-0025  Date Daytime Phone #  | 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 |   |                           |                    |                                |                   |  |  |                         |   |       |
|  | SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OR DIRECTOR Date Date Daylime Phone #  |   |                           |                    |                                |                   |  |  |                         |   |       |