CORPORATION CONSIGNATION CON		PLEASI	E READ ALL INS	TRUCTIONS BEFORE		ING THIS FORM. Pye 15FZ		
1. Corporation have CONDUCTION DATESTS 2. Principal Otics Address 3. Nating Otics Address GS_NEE 3. Nating Otics Address MIAMI HIAMI 20. South State 1 State 20. Country 33137 Country 33137 Country 33137 Country 33137 People Account of the address of Current Registered Acoust 9. Here Account of the address of Current Registered Acoust 9. Here Account of the address of Current Registered Acoust 9. Live concount of the address of Current Registered Acoust 9. Here Acoust Address of Each Address of Each Acoust and Current Registered Acoust 9. Here Acoust Address of Each Acoust and Current Registered Acoust 9. Here Acoust Address of Each Acoust and Current Registered Acoust	REINSTATEMENT Secretary of State				E			
2. Principal Office Address 3. Mailing Office Address Stating Office Address Stating Office Address 2. Principal Office Address GS NE 27 St. State Age & etc. 1. Date Age & etc. 1. Date Age & etc. Oute, Age & etc. State Age & etc. State Age & etc. 1. Date Incorporated or Challed 1.2-72-01. Oute, Age & etc. State Age & etc. State Age & etc. 1. Date Incorporated or Challed 1.2-72-01. Office Address State Age & etc. State Age & etc. State Age & etc. State Age & etc. 233337 Date & 33137 Date & 33137 Date & 33137 Date & 7. Norma and Address of Other Registered Agent State Age & etc. State Age & etc. 1 Norme Age & go & State Norma of Address of Other Age & Age & etc. State Age & etc. State Age & etc. State Age & etc. 2* Hould You & State &	1. Corporation Name					SECRETARY OF STATE TALLAHASSEE, FLOODA		
City & State City & State MIAMI City & State City & State State City & State City & State<!--</th--><th colspan="4">2. Principal Office Address 3. Mailing Office Address</th><th>01</th><th>300010080253 14/0301061022 **300.00</th><th></th>	2. Principal Office Address 3. Mailing Office Address				01	300010080253 14/0301061022 **300.00		
Status DADE Status DADE CERTIFICATE OF STATUS DESIRED Description of the status Name Ref Report Ref Ref Ref Ref Ref Ref Report Ref	City & State MIA	MI	City & State MIA	MI	5. PEi Numb	er 65-108 4004 Applied For Not Applicable	أمغد الأم	
WHOD-B SHERIDAN Street Suite, Apt. #. Ex. City HOLLY WODA FL 20 Code City HOLLY WODA FL 20 Code Street 20 Code St. 1. being appointed the registered agent of the good corporation, am familiar with and accept the obligations of section 807.0500.F.S. Date Image: Code City City FL 33.001 City Street City FL Street City City FL Street City Street City Street City Street City Street City State Zity Zity City State Zity Zity City State Zity Zity State Zity Zity State Zity <	3313 DADE 33137 DADE CERTIFICATE OF STATUS DESIRED 50.70 Additional reg required for a Certificate of Status for a							
8. 1. being appointed the registered agent of the above registered corporation, am familiar with and accept the obligations of section 607.0503 or 617.0503, F.S. Signature of Registered Agent Date	4700-B SHERIDAN St. Suite, Apl. #, Etc.							
Titles Name of Officers and/or Directors Street Address of Each Officer and/or Director City / State / Zip Director Director Director Director Holl & Wood, Fl 33024 Prestivent Bart Gerschaft & Tors N. 46 Ave. Hollywood Holl & Wood, Fl 33024 Prestivent Bart Gerschaft & Tors N. 46 Ave. Hollywood Holl & Wood, Fl 33024 Prestivent Bart Gerschaft & Will 4844 NW 91 WAY. Gord Spr. Goval Spr. V.P Cavalina Rubid 11591 SW 12 St. Penb. Pinos Fl 33025 Sec. Anthony Massiminol 12190 G1 = Lawe N. West Palim Fl 33021 Sec. Anthony Massiminol 12190 G1 = Lawe N. West Palim Fl 33024 Sec. Anthony Massiminol 12190 G1 = Lawe N. West Palim Fl 33024 Sec. Director or director or the record or truspector of the secure this application as provided for in chapter 807 or 817, F.S. 1 further certify that whan filing this reinstatement application, the reason for discourd or truspector of the secure of individual tilled on thightor of a certify for an exemption under section 912,0401, F.S. that all fees owed on this application is true and accurate, and my signature shall have be same leight effect as if made	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							
Officers and/or Directors Officer and/or Director Chy/State/Zp Director Director Director Chy/State/Zp Director Director Directors Officer and/or Director Chy/State/Zp Director Director Director Chy/State/Zp Director Director Directors Corol State/Zp Director Director Chy/State/Zp President/Bart Gershonton 4844 NW 91 WAY. (bvel.State/Director Holly Wood, Fl 330 24 V-P COVOLING Rubio 11591 SW 12 St. Peub. Pineo FL 330 25 Sc. Anthony Massiminol 12190 G1 2 Lave N West Palim FL 330 24 Sc. Anthony Massiminol 12190 G1 2 Lave N West Palim FL 330 24 Sc. Dieter Schaarf 707 N 46 Ave Holly Wood FL 330 25 Sc. Anthony Massiminol 12190 G1 2 Lave N West Palim FL 330 24 Treas Director <td< th=""><th colspan="7">9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</th></td<>	9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)							
President Bart Gershonbaur 4844 NW 91 WAY. Gord. Spr. Coval Spring P1 3301 7 V.P. COVOLING RUBID 11591 SW 12 St. Penb. Pines FL 33025 Sac. Anthony Massiminol 12190 61 2 Lave N. West Palim FL 33412 Treas. Dieter Schoarf 707 N. 46 AVE. Holly wood FL 33021 02 - US WS. 18 10, I certify that I am an officer or director or the recover of the secure this application as provided for in chepter 807 or 617. FS. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the opporter to mass astisfies the requirements of section 807.0401 or 617. 45. I further certify that when filing this reinstatement application is the end of the same edited on the four do not qualify for an exemption under section 807.0401 or 617.0401, FS. The information indicated on this application have been paid and the time of the same legit effect as if made under oath. SIGNATURE: 01-09-03 305-438-031D	Titles					City / State / Zip		
President Bart Gershon Jawr 4844 NW 91 WAY. (bvd. Spm. Coval Spring FT 330). V-P COVOLINA RUDIO 11591 SW 12 St. Penb. Pines FL 33025 Sec. Anthony Massiminol 12190 61 ± Lave N. West Palm FL 33412 Treas. Dieter Schoarf 707 N. 46 AVE. Holly wood FL 3307 10. I certify that I am an officer or director or the recover of moving the corporation has been reliminated, the opported to execute this application as provided for in chapter 807 or 617. FS. I further certify that when filing this reinstatement application, the reason for director or the recover of individuals listed on this form do not qualify for an exemption under section 807.0401 or 617.0401, FS. that all fees or web y the corporation have been paid and the under oath. SIGNATURE: OI - 09 - 03 305 - 438 - 03 ID	Directo	der Dieter Schaart 707 N. 46 AVE. Hol				Hollywood, Fl 33021		
 V-P COVOLING RUBIO 11591 SW 12 St. PEMb. Pines FL 33025 Sec. ANTHONY MASSIMINO 12190 G1 = Lave N. West Pallim FL 33412 Treas. Dieter Scharf 707 N. 46 AVE. Holly wood FL 33021 V. Loerlity that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 807 or 617, F.S. 1 further certify that when filing this reinstatement application, the reason for presention that been eliminated, the apportance 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 pares of individuals listed on thighter 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 bee same legal effect as if made under oath. SIGNATURE: 01-09-03 305-438-031D 	President Bart Gershontown 4844 NW 91 WAY Coval SAM. Coval Sprive FT 33007							
Sec. Anthony Massimino 12190 61 ± Lave N: West Palm FL 33412 Treas. Dieter Scharf 707 N. 46 AUC. Holly wood FL 33021 DZ -03 Wast 1 and a 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 desolution has been eliminated, the orthorate 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 rames of individuals listed on this form do not qualify for an exemption under section 119.07(3)(1), 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: Market Market American	V-P.	Cavolina		11591 54) 12	St.	PEMb. Pinos FL 33025		
Treas. Dister Schoarf 707 N. 46 AUC. Hollywood FL 33021 02 -03 WAN IS 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 presolution 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: 01 - 09 - 03 305 - 438 - 031D	Sec.	\bigcirc 1)	A 4	12190 61 st. LI	ive N.	1 DAW TH 2240		
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 pseudoin 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 rames 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 be same lease effect as if made under oath. SIGNATURE: 01 - 09 - 03 305 - 438 - 03 1D		. Nieter	Scharf	707 N. 46 A	ve.	Hollywood FL 37021		
signature: SIGNATURE:				Ď	2-UB			
	owed by the corporation have been peid and/me names of individuals listed on this form do not qualify for an exemption under section 607.0401 or 617.0401, F.S. that all fees owed by the corporation have been peid and/me names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated							

Age 2012

CHEEKAZ, INC. 65NE 27th Street, Miami, FL 33137 Tel: 305-438-0310

01/09/03

Florida Department of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

Re: FEI # 651084004 Corporation Reinstatement

Dear Sirs,

As per our conversation with Agent Tyron, we hereby certify that we never received any notices, or letters from the Department advising that the Corporation had been or was going to be dissolved.

Please kindly reinstate our Corporation and waive the penalty fees. Attached, please find the application for reinstatement and a check in the amount of \$ 300.00 as per instructions by your agent.

Should you need any additional information, please contact us at 305-438-0310

Sincer Carolina Rubio Vice-President