FILED

PLEASE READ ALL INSTRUCTIONS BEFORE 03 FEB 17 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000034266

1. Corporation Name
Capital Services Enterprises, Inc.

12/30/02 01111 003 $750.00
000011881760
03-05-03--01052--017 **150.00

2. Principal Office Address	3. Mailing Office Address
300 S.E. 5th Avenue	200 Glades Road
Suite, Apt. #, etc. # 4110	Suite, Apt. #, etc. # 2
City & State Boca Raton, FL	City & State Boca Raton, FL
Zip FL Country 33432 USA	Zip FL Country 33432 USA

4. Date Incorporated or Qualified To Do Business In Florida

5. FEI Number 14-1867348 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $8.75 Additional Fee required for a Certified Copy of Status

7. Name and Address of Current Registered Agent

Name: Samantha Haimes

Street Address (P.O. Box Numbers Not Acceptable): 300 S.E. 5th Avenue

REINSTATEMENT 02-03

Suite, Apt. #, Etc.: #4110

City: Boca Raton — State: FL — Zip Code: 33432

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: Samantha Haimes — Date: 1/23/02

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City - State - Zip
Dir	Samantha Haimes	300 S.E 5th Avenue #4110	Boca Raton, FL 33432

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 on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Samantha Haimes — 1/23/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

Davie Office