PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 NOV -8 AM 10:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000083577

1. Corporation Name:
MULTIFABS SURVIVAL INC.

Principal Place of Business:
2046 MADISON STREET
HOLLYWOOD FL 33020

Mailing Address:
~~2046 MADISON STREET~~
~~HOLLYWOOD FL 33020~~

REINSTATEMENT 02

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip | Country

3. New Mailing Office Address, If Applicable
c/o Stearns Weaver Miller, et.al.
Suite, Apt. #, etc.
150 West Flagler Street, Suite 2500
City & State
Miami, Florida
Zip 33130 | Country USA

4. Date Incorporated or Qualified To Do Business in Florida: 08/23/2001

5. FEI Number: applied for ☒ Applied For ☐ Not Applicable

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

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

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
D,P,T	Neil I. Allanach	SAME AS MAILING ADDRESS	LISTED IN ITEM 3 ABOVE
D,V	George T. Hutcheon	SAME AS MAILING ADDRESS	LISTED IN ITEM 3 ABOVE
S	Pauline A. MacLennan	SAME AS MAILING ADDRESS	LISTED IN ITEM 3 ABOVE

500008893085
11/08/02--01093--013 **750.00

8. Name and Address of Current Registered Agent

SEIFER, DAVID
STEARNS WEAVER MILLER ET AL
150 WEST FLAGLER STREET SUITE 2200
MIAMI FL 33130

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City | State FL | Zip Code

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

Signature of Registered Agent: SIGNATURE REQUIRED Date: 10/29/02

REGISTERED AGENT MUST SIGN

11. 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: SIGNATURE REQUIRED Neil Allanach 22/10/02 441224 797600

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

0016576 AV

gr 11/8/02