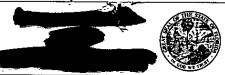
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FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State

**DIVISION OF CORPORATIONS** 

P01000110543 **DOCUMENT #** 

1. Corporation Name

PLAYNATION OF PALM BEACH, INC.

FILED

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SECRETARY OF STATE TALLAHASSEE, FLORE

7423 LAKE WORTH ROAD LAKE WORTH FL 33467		7423 LAKE WORTH ROAD LAKE WORTH FL 33467			300008996633 11/14/0201025017 **150.00		
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					***150.00		
New Principal Office Address, If Applicable     3. No.			. New Mailing Office Address, If Applicable		Date Incorporated or Qualified     To Do Business in Florida     11/19/2001		
Suite, Apt. #, etc. Suite,			te, Apt. #, etc.		5 FEI Number		
City & State City & S			te		65-1133637 Not Applicable		
Zip	Country	Zip	Count	try	6. CERTIFICATI	E OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status	
7. Names and	Street Addresses of Each Officer and/	or Director (Flo	rida nonprofit corpoi	ations must list at lea	st 3 directors)		
Title(s)	Name of Officers		Street Address of Each Officer and/or Director			City / State / Zip	
D GII	GILCHRIST, JAMES P		8564 CYPRESS SPRINGS ROAD			LAKE WORTH FL 33467	
D ELI	ELIBRAHIMI, ABOUCHITA			O STREET	<del></del>	COOPER CITY FL 33026	
		,					
	8. Name and Address of Current R	tenistered Ane	nt .	<del>                                     </del>	Q. Nome and	Address of New Control Association	
AUERBACH, JAY E ESO  2338 HOLLYWOOD BLVD  HOLLYWOOD FL 33020				9. Name and Address of New Registered Agent  Name  ABOUCHITA EL (BRAHIM)  Street Address (P.O. Box Number is Not Acceptable)  742 3 LAKEWORTH ROAD  Suite, Apt. #, Etc.  City  LAKEWORTH  State Zip Code  FL 3.3 46 7			
Signature of Registered Agen	REC	SISTERED AGE	REAGO.	ith and accept the obl	igations of Section	on 607.0505, F.S. or 617.0505, F.S.  110 1 0 1 0 1 0 2	
tnis reinstater	am an officer or director or the receive ment application, the reason for dissol corporation have been paid and the na	ution has been o	eliminated, the corpo	orate name satisfies th	ne requirements	of section 607.0401 or 617.0401, F.S., that all fees	

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

SIGNATURE:

Molio PABOUCHITA FLIBRAHIUI



ATTNI Jim Smith SECRETARY OF STATE

I ABONCHITA ELIBRAKIMI HAVE NEVER RECRIVED AND DOCUMENTATION FROM YOUR OFFICE TO REINSTAK THE STATUS OF THE CORPORATION, OUR ADDRESS 15

7423 LAKE WORTH ROAD LAKE WORTH, FLA. 33467

PLEASE REINSTATE OVR CORPORATION WE ARE SORRY FOR ANY INCONVIENCES THAT MAY HAVE OCCURED,

> SINCERALY ABOUCHITY ELIBRAHIMI

Abardita Elikul 11