PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE CORPORATION 03 DEC -3 PH 5: 31 Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS SECRETARY OF STATE TALLAHASSEE, FLORIDA DOCUMENT # PO 1000117748 SGG INVESTMENT GROWP, CORP. 900025187529 12/03/03--01028--003 \*\*900.00 2. Principal Office Address 3. Mailing Office Address 1311 DE 2nd AVE. 1311 SE 2 NAVE. Suite, Apt. #, etc. To Do Business in Florida City & State City & State Fr LAUDERBALE FL Not Applicable Žip 173316 \$8.75 Additional Fee required CERTIFICATE OF STATUS DESIRED WSAS for a Certificate of Status 7. Name and Address of Current Registered Agent MICHAEL A GOTTLIEB, ESQ Street Address (P.O. Box Number is Not Acceptable) Suite, Ant. #. Etc. FT. LAUDERDALE FL ation; am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. 8. I, being appointed the registered Signature of Registered Agent REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Name of Titles City / State / Zip Officers and/or Directors Officer and/or Director GEORGIA LINDERMAN GOTTLIEB 2981 W. LAKE VUTA CIR. 1311 SE 2nd AVE LAUDERDALE, PL 23716 MICHAEL GOTTLIEB 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.

GEDRGIA LINDERMIN GOTTLIEB 11/24

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