•

DOCUMENT # P02000009332  I. Corporation Name CUPERTINO HOLDINGS, INC., a Florida corporation  800135147738 09/19/08-01035-008 **933.75  2. Principal Office Address - No P.O. Box # 3. Mailing Office Address  4400 PGA BOULEVARD Suite, Apt. #, etc.  SUITE 800  City & Siste PALM BEACH GARDENS, FL  City & Siste  City & Siste  City & Siste  S. FEI Number 75-2989474  Not Applicable		PLEASE READ	ALL INSTRUCT	IONS	BEFORE C	OMPLETII	NG THIS FORM.
DOCUMENT # P02000009332  1. Coprosition Name  CUPERTINO HOLDINGS, INC., a Florida corporation  0999/0136147738  0999/08-01035-009 ##266, 25  2. Principal Office Address - No. Po. Dec # *266, 25  2. Principal Office Address - No. Po. Dec # *266, 25  2. Principal Office Address - No. Po. Dec # *266, 25  2. Principal Office Address - No. Po. Dec # *266, 25  2. Principal Office Address - No. Po. Dec # *266, 25  2. Principal Office Address - No. Po. Dec # *266, 25  2. Principal Office Address - No. Po. Dec # *266, 25  2. Principal Office Address - No. Po. Dec # *266, 25  2. Principal Office Address - No. Po. Dec # *266, 25  2. Principal Office Address - No. Po. Dec # *266, 25  2. Principal Office Address - No. Po. Dec # *266, 25  2. Principal Of	•		Secreta	ry of Si	late		08 SEP 19 AM 10: 41
22. Phropsis Office Address - No. P.O. Box of #265, 25  24. Phropsis Office Address - No. P.O. Box of #265, 25  25. Phropsis Office Address - No. P.O. Box of #265, 25  26. Phropsis Office Address - No. P.O. Box of #265, 25  27. Surface Address - No. P.O. Box of #265, 25  28. Phropsis Office Address - No. P.O. Box of #265, 25  29. Surface Address - No. P.O. Box of	DOCUMENT # P02000009332					0979/08-0035-008 **933.75	
2. Pincipal Office Address - No P.O. Box # 4400 PGA BOULEVARD  Suite, Apt. #, etc.  SUITE 800  SUITE 800  SUITE 800  City & State PALM BEACH GARDENS, FL  To Country  Suite Apt. #, etc.  To Country  Suite Address of Current Registered Agent  To PALM BEACH GARDENS, FL  The reinstatement fee is Imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying	CUPERTINO HOLDINGS, INC., a Florida corporation						
Suite, Apt. 8 cit.  SUITE 800  Suite, Apt. 8 cit.  SUITE 800  Suite, Apt. 8 cit.  Country  Applied For YALM BEACH GARDENS, FL  Country  To De Business in Floridat  The relinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices. By checking this box, you are certifying the prior notices. By checking this box, you are certifying the prior notices. By checking this box, you are certifying the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.  REGISTERED AGENT MUST SIGN  B. Names and Street Andrews of Each Officer ander Divector (Florida nonproit corporations must list at least 3 directors)  The Past Derice of Viscotic Past No. 18 for Advisory of Each Officer ander Divector (Florida nonproit corporations must list at least 3 directors)  The Officers and for Divectors  The Officers and for Divectors of Each Officer ander Divector (Florida nonproit corporations must list at least 3 directors)  The Past Derice Officers and for Divector of Viscotic Past No. 18 for Advisory of Each Officer ander Divector (Florida nonproit corporat						09/	800136147738 71970801035009 **266.25
Suite, Apt. 8, etc.  SUITE 800  Silve State  PALM BEACH GARDENS, FL  City & State  PALM BEACH GARDENS, FL  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  Recommend to Country  Zip  Country  The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.  8. I, Date incorporated or Qualified To Do Business in Florids  Description of Topics  The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.  8. I, Date propriete or Country  The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.  8. I, Date propriete and propriete and general the statement fee be waived.  8. I, Date propriete and general the statement fee be waived.  9. Names and Street Addresses of Each Officer and/or Directors  College of the College of the College of College of the College of College	2. Principal Office Address - No P.O. Box # 3. Mailing Office Addre			058		BEN.	icterie
SUITE 800  States PALM BEACH GARDENS, FL  City & State  Country  2ip  Country  2ip  Country  7. Name and Address of Current Registered Agent  7. Name and Address of Current Registered Agent  Name  J. RICHARD HARRIS, ESQUIKE  Steen Address (P.O. Sox Number in Not Acceptable)  4400 PGA BOULEVARD.  State 2p Code  PALM BEACH GARDENS  6. Learny appointed by registered agent of the gloove numbed corporation, and tamilier with and accept the obligations of section 807.0505 or 817.0500, F.S.  Signature of Registered Agent City State 1 2p Code  PALM BEACH GARDENS  6. Names and Street Addresses of Each Officer and/or Directors  Officers and/or Directors  Signature of City Carry State 1 2p  Code Officers and/or Directors  Signature of City Carry State 1 2p  Director Officers and/or Directors  Signature of PGA BOULEVARD,  Supplication of Section 807.0505 or 817.0500, F.S.  Signature of City State 1 2p  Director Officers and/or Directors  Signature of PGA BOULEVARD,  Supplication of Section 807.0505 or 817.0500, F.S.  Signature of City State 1 2p  Director Officers and/or Directors  Signature of PGA BOULEVARD,  SIGNATURE:  10. Learly that I am an officer or director or the received to execute this application as provided for in chapter 807 or 817, F.S. Intrinser country that when Iting this application is the and according to include an or bits application is the and according or included on this application is the and according or included on this application is the and according or included on this application is the and according or included on this application is the and according or included on this application is the and according or included on this application is the and according or included on this application is the and according or included on this application is the and according or included on this application is the and according or included on this application is the and according or included on this application is the and according or included on this application is the and according or included on this app	4400 PGA B	OULEVARD				Ken	N3   Ack建設型外 05-08
To Do Business in Florida 01/28/02  S. FEI Number 75-2989474  To Do Business in Florida 01/28/02  S. FEI Number 75-2989474  To Do Business in Florida 01/28/02  S. FEI Number 75-2989474  To Do Business in Florida 01/28/02  S. FEI Number 75-2989474  To Do Business in Florida 01/28/02  S. FEI Number 75-2989474  To Do Business in Florida 01/28/02  S. FEI Number 75-2989474  To Do Business in Florida 01/28/02  S. FEI Number 75-2989474  To Do Business in Florida 01/28/02  S. FEI Number 75-2989474  To Do Business in Florida 01/28/02  S. FEI Number 75-2989474  S. FEI Number 75-2989474  To Do Business in Florida 01/28/02  S. FEI Number 75-2989474  S. FEI Number 15-2989474  S. FEI Number 15-2989474  S. FEI Number 15-2989474  S. FEI Number 15-2989474  To Do Business in Florida 15-2989474  S. FEI Number 15-2989474  S. FEI Number 15-2989474  To Do Business in Florida 15-2989474  S. FEI Number 15-2989474  S. FEI Number 15-2989474  S. FEI Number 15-2989474  The reinstatement fee is imposed, except in circumstances which the entity did not receive 440 not received and fee business in the prior notices were not received and requesting the reinstatement fee business in the entity did not receive and received in the business in the set of the prior notices were not received and requesting the reinstatement fee business of Each Officer and/or Directors  S. FEI Number 15-2989474  The reinstatement fee is imposed, except in circumstances which the entity did not receive and received in the set of the set of the entity did not received and received in the set of the set						4. Date Incorporated or Chalified	
PALM BEACH GARDENS, FL  To 33410 Country  To 2989474							ness in Florida 01/28/02
To Name and Address of Current Registered Agent    The reinstatement fee is imposed, except in droumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.    State, Apt. F. Etc.		3.7, 2.2.3.3	City u Cida				
7. Name and Address of Current Registered Agent  J. RICHARD HARRIS, ESQUIRE  Street Address (P.C.) Box Number is Not Acceptable) 44.00 PGA BOULEVARD  State, Agt. #, Etc.  SUITE 800  City  PALM BEACH GARDENS  S. I, being appointed by registered agent of the gloove named corporation, and inefficient with end accept the obligations of section 807.0505 or 817.0500, F.S.  Signature of Registered Agent  REGISTERED AGENT MUST SIGN  9. Names and Street Addresses of Each Officer and/or Directors  Officer and/or Directors  City / State / Zip  Officer and/or Directors  Officer and/or Directors  Officer and/or Directors  10. Locality that I am an officer or director or the receiver or intative empowered to exacute this application as provided for in chapter 607 or 817, F.S. I further cortify that when fitting this prints further are adequated in the speciation in or director on the receiver on the receiver on the corporation as a provided for in chapter 607 or 817, F.S. I further cortify that when fitting this prints further in components on the supplication. It is reason for disease or in this application as provided for in chapter 607 or 817, F.S. I further cortify that when fitting this prints further are adequated in the speciation is not accounted in the supplication. It is reason for disease or disease or the information indicated on this expectation is true and accounted, and my signature shall have the suppressionate or accounted continued or count.	Zip	1 '	Zip	Coun	try	6.	55.75 tadayan d.S. n.t.an isad
Name of Street Addresses of Each Officer and/or Directors  Name and Street Addresses of Each Officer and/or Directors  Name and Street Addresses of Each Officer and/or Directors  Name and Street Addresses of Each Officer and/or Directors  Name of Officers and/or Directors  Name of Officers and/or Directors  Officers and/or Directors  10, I cardify 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 filling dis reinstatatement application, the reason for dissolution has been eliminated, the corporate name establishes the requirements of excitors provided for in chapter 607 or 617, F.S. i further certify that when filling dis reinstatatement application, the reason for dissolution has been eliminated, the corporate name establishes the requirements of excitors in the sees owned by the corporation have been pact and the range of individuals that on this form do not quality for an exemption contained in Chapter 119, F.S. The Information Indicated on the application is true and occurrie, and my signature that have the signategral effect as if made under cont.	33410	US				CERTIFICATE	OF STATUS DESIRED for a Cert ficate of Status
J. RICHARD HARRIS, ESQUIRE  Streat Address (P.O. 8 ox Number is Not Acceptable) 4400 PGA BOULEVARD.  Suits, Apt. #, Etc.  SUITE 800  8- I, bern appointed the registered agent of the glove named corporation, am familiar with and accept the obligations of section 607.0505 or 817.0503, F.S.  Signature of Registered Agent REGISTERED AGENT MUST SIGN  Name of Officer and/or Directors  D/P/ S/T FREEDERICO AVIDANO  SUITE 800  10. Loardly that I am an officer or director or the receiver or Ituation emprovered to exacute this application as provided for in chapter 807 or 617, F.S. Itusther cartify that when filing this reinstatement application, the reason for dissolution has been reliminated, the corporation amen seatibles the reciproments of section 607.0401 or 617,0401, F.S. that if less owned by the corporation in the sears of reciprosity for an examplication contained in Chapter 199, F.S. The information indicated on this application is true and occurring, and my signature shall have the segment effect can if made under out.  SIGNATURE:		7. Name and Address of	of Current Registered Aç	ent			
Street Address (P.O. Box Number is Not Acceptable) 4400 PGA BOULEVARD  State SUTTE 800  City PALM BEACH CARDENS  6. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 817.0503, F.S.  Signature of Registered Agent Collectors  Officer and/or Directors  Officer and/or Directors  Officer and/or Directors  Street Address of Each Officer and/or Directors  Officer and/or Directors  Titles  Officer and/or Directors  Surget Address of Each Officer and/or Directors  Officer and/or Directors  Type BEDERICO AVIDANO  Suite 800  10. Leartify that I am an officer or director or the receiver or fusites empowered to execute this application as provided for in chapter 907 or 617, F.S. I further country that when fiting this reinstatement application, the reason for dissolution has been eliminated, the corporation arms as establic the requirements of section 607.0401 or 617,0401, F.S., that at less owned by the corporation have been paid and the arms of individuals fisted on this form on not qualify of an exampled for or contained in Chapter 190, F.S. The information indicated on this application is true and accurate, and my signature shall have the application as it made under out.  SIGNATURE:						circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement	
Suite, Apt. #, Etc.  SUITE 800  City  PALM BEACH GARDENS.  FL 33410  Single Zip Code  FL 33410  Single Zip Code  FL 33410  Single Spointed the registered agent of the above named corporation, am familier with and accept the obligations of section 607.0505 or 617.0503, F.S.  Signature of Registered Agent Record Agent Must sign Record Agent Record Agent Record Recor	Street Address (P.O. Box Number is Not Acceptable)						
SUITE 800  City PALM BEACH GARDENS  FL 33410  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 REGISTERED AGENT MUST SIGN  9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Titles  Name of Officer and/or Directors  Name of Officer and/or Directors  Name of Officer and/or Director  Name of Officer and/or Directo							
PALM BEACH GARDENS  8. i, being appointed per registered agent of the gloove named corporation, am familiter with and accept the obligations of section 607.0505 or 617.0503, F.S.  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 less 3 directors)  Titles  Officers and/or Directors  Officers and/or Directors  Officer and/or Director  SUITE 800  FEEDERICO AVIDANO  SUITE 800  10. Learly that I am an officer or director or the receiver or fusitoe empowered to exacute this application as provided for in chapter 607 or 617, F.S. if further curity that when filling that ministatement 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 owned by the corporation have been paid and the names of individuals fisted on this form do not qualify for an examption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the sagnetopal affect as if made under cuth.  SIGNATURE:							
8. I, being appointed the pregistered 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 REGISTERED AGENT MUST SIGN  9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Titles Officer's and/or Directors Officer and/or Directors Officer and/or Director (City / State / Zip  D/P/ S/T FREEDERICO AVIDANO SULTE 800 FLORIDA 33410  10. Leartly 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. I further certify that when filling 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 fisted on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the signategraph effect as if made under cath.  SIGNATURE:	<u> </u>				i -		
Registered Agent  REGISTERED AGENT MUST SIGN  9. Names and Street Addresses of Each Officer and/or Director (Flor/da nonprofit corporations must list at least 3 directors)  Titles			ove named corporation, a			bligations of section	on 607,0505 or 617,0503, F.S.
Titles Name of Officer and/or Directors    D/P/   S/T   FREDERICO AVIDANO   SUITE 800   FLORIDA 33410	Signature of Registered Agent Amy						9/15/
Officer and/or Directors  Officer and/or Director  4400 PGA BOULEVARD,  PALM BEACH GARDENS,  FLORIDA 33410  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 807 or 617, F.S. I further certify that when filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name seliables the requirements of section 607,0401 or 617,0401, F.S., that all fees owned by the corporation have been paid and the names of individuals fisted on this form do not qualify for an examption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the sameregain effect as it made under oath.  SIGNATURE:	9. Names and Street	Addresses of Each Officer ar	nd/or Oirector (Florida non	profit corp	orations must list at le	est 3 directors)	
9/P/ S/T FREDERICO AVIDANO. SUITE 800 FLORIDA 33410  10.1 cartify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 807 or 817, F.S. I further certify that when filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name settlines the requirements of section 607.0401 or 617.0401, F.S., that all tees owned by the corporation have been paid and the names of individuals fisted on this form on or qualify for an exemption contained in Chapter 119, F.S. The Information Indicated on this application is true and accurate, and my signature shall have the same ejection for accurate and my signature shall have the same ejection for accurate and the same ejection for accurate and my signature shall have the same ejection for accurate.	Titles						City / State / Zip
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 filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 r.S., that all fees owed by the corporation have been paid and the names of individuals tisted on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same tegral effect as if made under oath.  SIGNATURE:	D/P/						PALM BEACH GARDENS,
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 tisted on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same regardered at it made under oath.  SIGNATURE:	S/T FEED	- 1			ге_800		FLORIDA 33410
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 tisted on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same regardered at it made under oath.  SIGNATURE:		•		•			
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 tisted on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same regardered at it made under oath.  SIGNATURE:		\$ 9/2m					
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 tisted on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same regardered at it made under oath.  SIGNATURE:		<del>-</del>	}				
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 tisted on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same regardered at it made under oath.  SIGNATURE:	<b>-</b>					<del></del>	
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 tisted on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same regardered at it made under oath.  SIGNATURE:							<u></u>
owed by the corporation have been paid and the names of individuals tisted on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same regarded as if made under cath.  SIGNATURE:							
SIGNATURE: SIGNATURE: SEPT 12/08	owed by the corpo	pration have been paid and th	e names of individuals list	ad on this I	form do not qualify for	an exemption con	
FEEDERICO AVIDANO. PRESIDENT		AIGHA DURA AND TYPET OF B	J-00 (		I L	Sep	12/08 Canting Dame 4
		FEEDERICO AVI	DANO. PRESID				Degrana Figure 8