

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 OCT -7 PM 2:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P020000100065

1. Corporation Name

Exclusive, Inc.

REINSTATEMENT 03

700023621957
10/07/03--01066--015 **750.00

2. Principal Office Address

8323 NW 51st Manor

3. Mailing Office Address

8323 NW 51st Manor

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Coral, Springs, FL

City & State

Coral Springs, FL

Zip

Country

33067 USA

Zip

Country

33067 USA

4. Date Incorporated or Qualified
To Do Business in Florida

9-16-02

5. FEI Number

03-0484681

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Adam Baker

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

8323 N.W. 51st Manor

Suite, Apt. #, Etc.

City

Coral Springs

State

FL

Zip Code

33067

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

Adam Baker

Date

9-22-03

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 Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|--------|--------------------------------------|---|-------------------------|
| Pres. | Baker, Adam | 8323 N.W. 51 st Manor | Coral Springs, FL 33067 |
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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:

Adam Baker

Adam Baker

9-22-03

954-325-1111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

7/10/04