PLEASE READ ALL-INSTRUCTIONS BEFORE COMPLETING THIS FORM.

W. PALM BEACH, FL. W. PALM BEACH, FL. 25-1910916 Applied For Not Applicable	CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	FILED 05 Mar 18 MHO:04	
2. Principal Office Address 704 BELVEDERE RD. Suite, Apt. #, etc.	1. Corporation Name		SECRETA: FERRALE TALLAHASSES, FLORDA	
Suite, Apt. #, etc. 4. Date incorporated or Qualified To Do Business in Florida Applied For Not Applicable S. Fill Number 35-1910 916 S. Fill Number 35-1910 916 S. Fill Number 35-1910 916 To Do Business in Florida To Do Business in F	BAKERS CORPORA	FIRM OF WEST PALM BEACH		
City & State W. PALM BEACH, FL. W. PALM BEACH, FL. S. FEI Number 33405 Country 3406 CERTIFICATE OF STATUS DESIRED Street Address (P.O. Box pamber in Not Acceptable) Street Address (P.O. Box pamber in Not Acceptable) Suite, Apt. 8, Etc. City W. PALM BEACH BLIVE DEFIE Street Address (P.O. Box pamber in Not Acceptable) Suite, Apt. 8, Etc. City W. PALM BEACH BLIVE DEFIE B. 1, being appointed the registefad agent of the above named conocration, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent Registered Agent Registered Agent Street Address of Each Officer and/or Director City / State / Zip Date 02 / 07 / 05 Registered Agent Registered Agent Registered Agent Registered Address of Each Officer and/or Director City / State / Zip Date 02 / 07 / 05 Registered Address of Each Officer and/or Director City / State / Zip Date 02 / 07 / 05 Registered Address of Each Officer and/or Director City / State / Zip P. STELLA ALLIONE 7DH BEINEDERE RD W. PALM BEACH, FL. 334/05				
W. PALM BEACH, FL. W. PALM BEACH, FL. S. FEI Number 35-1910916 Not Applied Poly Not Appl			4. Date Incorporated or Qualified	
334.05 U.S.A. 334.05 U.S.A. 5. CERTIFICATE OF STATUS DESIRED 5. STATUS DESIRED 5. TANDED STATUS DESIRED 5. STATUS DESIRE	W. PALM BEACH, FL	W. PALY BEACH, FL.		
Name STELLA ALLIONE Street Address (P.O. Box blumber is Not Acceptable) TOUR BELVEDERE RELVEDERE RD. State Zig.Code 334405 8. 1, being appointed the registered agent of the above narned corporation, am familiar with and accept the obligations of section 607.0505 or 817.0503, F.S. Signature of Registered Agent Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) 9. Names and Street Addresses of Each Officer and/or Directors Street Address of Each Officers and/or Directors Officer and/or Director City / State / Zip P STELLA ALLIONE 70H BELVEDERE RD. W. PAIM BEACH, FL. 33405			CERTIFICATE OF STATUS DESIDED 30.73 Additional Fee required	
STELLA ALLIONE Street Address (P.O. Box Number is Not Acceptable) TO H BEIVEDER RD. Suite, Apr. #, Etc. City W. PALM BEACH 8. 1, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0503 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 Officers and/or Directors Titles TOH BEIVEDERE RD. W. PAIM BEACH, FL. 334/05 BULLISHED RESTORMENT ON TOTAL STREET RD. W. PAIM BEACH, FL. 334/05		7. Name and Address of Current Register	red Agent	
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0503, F.S. Signature of Registered Agent Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Officers and/or Directors Street Address of Each Officer and/or Director Officer and/or Director Officer and/or Director Director Officer and/or Director Director Officer and/or Director Dir	STELLA ALLIONE Street Address (P.O. Box Number is Not Acceptable) 704 BELVEDERE RD.			
Signature of Registered Agent Acle One Registered Agent Acle One Registered Agent Acle One Registered Agent Must sign Date O2/07/05 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Officers and/or Directors Street Address of Each Officer and/or Director City / State / Zip P STELLA ALLIANE 704 BELVEDERE RD W. PAIM BEACH, FL 33405 BILLIEUTS 17245 04/08, 0501806004 **750.00	City W. PALM BEACH State Zip Code FL 33405			
Name of Officers and/or Directors Street Address of Each Officer and/or Director P STELLA ALLIANE 704 BELVEDERE RD. W. PAIM BEACH, FL. 33405 BLUIS 17245 04/08, 0501006004 **750.00	Signature of Registered Agent Acle on e Date 02/07/05			
Officers and/or Directors Officer and/or Director Officer and/or Dire	9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
510050217245 04/08/0501006004 **750.00				
	P STELLA ALLI	ONE 704 BELVEDERE	RD W.PAIM BEACH, FL 33405	
			500050217246 04/08/0501006004 **750.00	
10. Legrify that Lam an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617. E.S. Liurther certify that when filling			5 // CO/ 50	
10. Legrify that Lam an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617. E.S. Lighther 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date				