PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. PILED

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2006 DEC 20 PM 4:14
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P03000031473

1. Corporation Name
SBBM2, Inc.

2. Principal Office Address	3. Mailing Office Address
11720 N. 56th Street	11730 N. 56th Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Temple Terrace, FL	City & State: Temple Terrace, FL
Zip: 33617 Country: USA	Zip: 33617 Country: USA

CR2E081 (12/05)

4. Date Incorporated / Qualified To Do Business In Florida: 03/19/2003

5. FEI Number: 20-8067252 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: Atul Solanki
Street Address (P.O. Box Number is Not Acceptable): 11730 N. 56th Street
Suite, Apt. #, Etc.:
City: Temple Terrace State: FL Zip Code: 33617

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: X [signature] REGISTERED AGENT MUST SIGN Date: 12-18-06

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Atul Solanki	11730 N. 56th Street	Temple Terrace, FL 33617
VP	Kalpana A Solanki	11730 N. 56th Street	Temple Terrace, FL 33617
			900095944409
			01/02/07--01007--009 **105.00
			REINSTATEMENT 04-06

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 contained in Chapter 119, 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: X [signature] 12-18-06 813.985.1300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

GRAY | ROBINSON
ATTORNEYS AT LAW

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MELBOURNE
NAPLES
ORLANDO
TALLAHASSEE
TAMPA

KHARRIS@GRAY-ROBINSON.COM

December 20, 2006

BY HAND DELIVERY

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: SBBM2, Inc.
Florida Profit Corporation Reinstatement

Dear Sir or Madam:

Enclosed you will find an application for reinstatement of a Florida profit corporation, SBBM2, Inc., (Document Number P03000031473). Also enclosed is a check in the amount of $1050.00 for the filing fee associated with this reinstatement.

Upon your review and approval, please contact me directly at 577-9090 extension 2840 so that we may make arrangements to have the reinstatement confirmation picked up.

Sincerely,

Kelly Harris
Licensing Assistant

KH/kah

Enclosure