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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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| CORPORATION REINSTATEMENT |  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS |
|--------------------------------------|--|

FILED

06 FEB 13 PM 2:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | |
|---------------------------------|---------------------|
| DOCUMENT # | P03000079097 |
| 1. Corporation Name | |
| BUBICA ENTERPRISES, INC. | |

| | | | |
|------------------------------------|----------------|----------------------------------|----------------|
| 2. Principal Office Address | | 3. Mailing Office Address | |
| 1881 WASHINGTON AVENUE | | 1881 WASHINGTON AVENUE | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| UNIT NO. 12-A | | UNIT NO. 12-A | |
| City & State | | City & State | |
| MIAMI BEACH, FLORIDA | | MIAMI BEACH, FLORIDA | |
| Zip | Country | Zip | Country |
| 33139 | U.S.A | 33139 | U.S.A |

CR2E081 (12/05)

| | |
|--|-----------------------|
| 4. Date Incorporated or Qualified To Do Business in Florida | |
| 07-17-2003 | |
| 5. FEEL Number | Applied For |
| 75-3123660 | Not Applicable |
| 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status | |

| | |
|---|--------------|
| 7. Name and Address of Current Registered Agent | |
| Name | |
| CLAUDIA BUBICA | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| 1881 WASHINGTON AVENUE | |
| Suite, Apt. #, Etc. | |
| UNIT NO. 12-A | |
| City | State |
| MIAMI BEACH | FL |
| Zip Code | 33139 |

| | |
|---|-------------------|
| 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 | Date |
| <i>Claudia Bubica</i> | 02-10-2006 |
| 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 |
| D | CLAUDIA BUBICA | 1881 WASHINGTON AVENUE | MIAMI BEACH, FLORIDA 33139 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

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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 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: | Date |
| <i>Claudia Bubica</i> | 2/10/2006 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | |
| Daytime Phone # | |

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)205-0384

From:

Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

CORPORATION REINSTATEMENT

BUBICA ENTERPRISES, INC.

| | |
|-----------------------|------------|
| Certificate of Status | 0 |
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