PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| Deer Scid beach F7 | CORPORATION REINSTATEMENT | FLORIDA DEPARTM Secretary of DIVISION OF COR | of State | | | FIL 05 NOV 15 | PH 5:-31 | |
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| Suite, Apt. #, etc. City & States Deer Reld Beach FC Zip Country BROWARD SUMPLIFY BROWARD SUMPLIFY Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City Deer Reld Buh Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City Deer Reld Buh Registered Agent PEGISTERED AGENT MUST SIGN 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 Officer and/or Director City / State / Zip Deer Reld Buh Titles Officers and/or Directors Officer and/or Director City / State / Zip Deer Reld Buh Titles Officers and/or Directors Officer and/or Director City / State / Zip Deer Reld Buh FE Sity Titles Officers and/or Director of the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S., Lumber centry that when fits reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607,000 or 617,000 i. F.S., that all lets and side for the requirements of section 607,000 or 617,000 i. F.S., that all lets and street application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607,001 or 617,001 i. F.S., that all lets and sides the requirements of section 607,001 or 617,001 i. F.S., that all lets and sides the requirements of section 607,001 or 617,001 i. F.S., that all lets and sides the requirements of section 607,001 or 617,001 i. F.S., that all lets and sides the requirements of section 607,001 or 617,001 i. F.S., that all lets and sides the requirements of section 607,001 or 617,001 i. F.S., that all lets and sides the requirements of section 607,001 or 617,001 i. F.S., tha | | 9117318 LEFEBUR | CZ/M<- | | | SEUNLTAKT TALLAHASS | EE, FLORIDA | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. 4. Data Incorporated or Qualified To Do Business in Florida Deer Acid Beach FC Southly FROWARD Suite Address of Country Street Address (P-O Box Number in Not Acceptable) Name Hearther Library Street Address (P-O Box Number in Not Acceptable) Suite, Apt. #, Etc. City Deer Feld Bid FL 334/47 Suite, Apt. #, Etc. City Deer Feld Bid Registered Agent William of Suite Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Name of Officers and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Name of Officers and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Officers and/or Director City / State / Zip Deer Acid Bid JF Stry Deer Acid Bid JF Stry 11/15 05-01046-007 ****300.00 | · · · · · · · · · · · · · · · · · · · | . · · · · · · · · · · · · · · · · · · · | | FERNSTATERAFAT 04-05 | | | | |
| City's State Deer Rold Beach FC Deer Reld Beach FC S. FEI Number Roll Dear Rold Beach FC Deer Reld Beach FC Seattly Broward Roll Dear Rold Beach FC Roll | | | | | | | | |
| Name Heather Lefebyne Street Address (P.O. Box Number is Not Acceptable) A 705 CW PM A Suits, Apt. #, Etc. City Delor field Buh 8. I, being appointed the registered agent of the door named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent Registered Agent Registered Agent Registered Agent Registered Agent Registered Agent Registered Address of Each Officer and/or Directors Titles Officers and/or Directors Titles Officers and/or Directors Officer and/or Director Street Address of Each Officer and/or Director Officer and/or Director 11715 105 - 01046 - 007 ***308.00 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 fit its 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 fits 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 fits 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 fits 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 fits 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 fits 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 fits reinstatement application, the reason for dissolution has been eliminated. | Deer GC/d Beach FZ Zip Country | Deer Field Beach | Country | 5. FEI Number | 80-0 | 002476 50.75 D 58.75 | Applied For Not Applicable Additional Fee required a Certificate of Status | |
| Street Address (P.O. Box Number is Not Acceptable) 2. 2.0.5 | 7. Name and Address of Current Registered Agent | | | | | | | |
| Pagistered 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 Street Address of Each Officer and/or Directors Officer and/or Director Suret Address of Each Officer and/or Director Officer and/or Director Decription 11/15 0501046007 ***300.00 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 fit 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 fe | Street Address (P.O. Box Number is Not Acceptable) 2.7.05 (W.16/m.dr.) Suite, Apt. #, Etc. State Zip Code FL 33442 | | | | | | | |
| Titles Name of Officers and/or Directors Name of Officers and/or Directors Name of Officers and/or Directors Name of Officer and/or Director Name of Officers and/or Directors Name of Officers and/or Director Name of Officer and/or Director Name of Officers and/or Direct | Registered Agent Date Sol | | | | | | | |
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| 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 fe | | | | าเวิร์ | /05(| 01046007 | ***300.00 | |
| on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date | this reinstatement application, the reason for di owed by the corporation have been paid and the on this application is true and accurate, and my SIGNATURE: | ssolution has been eliminated, the names of individuals listed on a signature shall have the same to | ne corporate name satisfie this form do not qualify for egal effect as if made und | es the requirements ran exemption und er oath. | of section er section | n 607.0401 or 617.040 119.07(3)(i), F.S. The | 01, F.S., that all fees information indicated | |

SCOTT H. LUTWAK, C.P.A. Certified Public Accountant 1166 W. NEWPORT CENTER DRIVE – SUITE 114 DEERFIELD BEACH; FL 33442 (954) 426-4480 10000

Section 4 and the section of the sec

August 5, 2005

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Heather Lefebvre, Inc. P030000117318

To Whom It May Concern:

I am the tax accountant for the above referenced client. Please be advised that my client did not received neither the first UBR notice nor the second, and was unable to file online without the \$400 added to her account, even though the box was checked indicating failure to receive the form. Additionally, your website did not allow for the printing out of a blank form at this time.

Accordingly, I have advised my client to remit payment in the amount of \$150, for failure to receive the correct form on time.

Please do not hesitate to contact me should you have any questions.

Sincerely.

Scott H. Lutwak

SHL/gg