JUN. 25. 2008 2:47PM CAPITAL CONNECTION H08 NO. 736659 P. 2/3

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2008 JUN 25 AM 9:5[illegible]
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PO5000012003

1. Corporation Name
Business & Administration, Inc.

REINSTATEMENT

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
4809 E Busch Blvd	4809 E Busch Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Ste 202-3	Ste 202-3
City & State	City & State
Tampa, FL	Tampa, FL
Zip / Country	Zip / Country
33617 / USA	33617 / USA

4. Date Incorporated or Qualified To Do Business in Florida: 01/24/2005

5. FEI Number: ☑ 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: D & T Management Group, Inc.

Street Address (P.O. Box Number is Not Acceptable): 4809 E Busch Blvd Ste 201

Suite, Apt. #, Etc.: Ste 201

City: Tampa | State: FL | Zip Code: 33617

☑ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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: Daniel Garcia — Date: 06/23/08
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
DPVP	Bergada, Rosaida	2580 W 60 Street #201	Hialeah, FL 33016
ST	Bergada, Rosaida	2580 W 60 Street #201	Hialeah, FL 33016
D	Danny Garcia	22739 Penny Loop	Tampa, FL 34639

10. I certify that I am an officer or director of 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 116, 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: Daniel Garcia — Danny Garcia — 06/23/08 — 813-985-2733
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

E. Mitchell JUN 26 2008

Florida Department of State
Division of Corporations
Public Access System

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Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : YOUR CAPITAL CONNECTION, INC.
Account Number : I20000000257
Phone : (850)224-8870
Fax Number : (850)224-7047

CORPORATION REINSTATEMENT

BUSINESS & ADMINISTRATION INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	~~$1,050.00~~ $450.00

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