PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT FLORIDA DEPARTMENT OF STATE Secretary of State OVISION OF CORPORATIONS DOCUMENT # POSODOO 70343 1. Corporation Name B im Ley Corp. 2. Principal Office Address - No P.O. Box # 2000 #\$1.500 #\$1	<u> </u>		- Annual Company Control	
DOCUMENT # \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	/50 / 20 / 20 / 20 / 20 / 20 / 20 / 20 /	Secretary of State	• •	
2. Principal Office Address - No P O Box # 2000	·	TÄËË MARSET, FLORIDA		
Sulle, Apt. 8, etc. ## 1204	W10 - 21027			
City & State Aventure		Suite, Apt, #, etc.	REINSTATEMENT) 08 - 10	
ABAILLO USA 7. Name and Address of Current Registered Agent 8. SANDRA F. FiculdinG 8. See Address (F.O. Box Number is Not Acceptable) 8. Suite, Apt. #, Etc. # 12044 City AUCHALIA 8. I, being appointed the registered agent of the above named corporation. em familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. 8. I) being appointed the registered agent of the above named corporation. em familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. 8. I) being appointed the registered agent of the above named corporation. em familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. 8. I) being appointed the registered agent of the above named corporation must list at least 3 directors 9. Names and Street Addresses of Each Officer and/or Director (Plorida nonproft corporations must list at least 3 directors) 7. Titles 7. Officers and/or Directors 8. Ficilding 9. Names and Street Addresses of Each Officer and/or Directors 9. Names and Street Addresses of Each Officer and/or Directors 9. Names and Street Addresses of Each Officer and/or Directors 1. Date May North Nort	City & State Aventura, FL	AventuRA, FL	5. FEI Number Applied For Not Applicable	
Name MRS. SANDRA F. Fielding Street Address (P.O. Box Number is Not Acceptable) 2000 TSSAND Sulta, Apt. #, Etc. BOY City AVENDRAL State REGISTERED AS INT MUST SIGN 9. Names and Street Address of Each Officer and/or Directors Officers and/or Directors Titles Officers and/or Directors Officers and/or Directors Titles Officers and/or Directors Titles Officers and/or Directors Officers and/or Directors Officers and/or Directors To brisked for future annual report motification) 10. E-mail Address: To brisked for future annual report motification 11. I certify that I am an officer or director or the raceiver or trustee empowered to execute this application as provided for in chapter 607 of 17. E.S. Itah's contribute was so in final to make in the composal came satisfies the requirements of section 607 of 17. E.S. Itah's contribute was so in final to make in production indicated on this application is true and accurate, and my signature shall have the same legal effect. Signal and my signature and have the same legal effect. Signal and my signature shall have the same legal effect. Signal and my signature shall have the same legal effect. Signal and my signature shall have the same legal effect. Signal and my signature shall have the same legal effect. Signal and my signature shall have the same legal effect. Signal and my signature shall have the same legal effect. Signal and my signature shall have the same legal effect. Signal and my signature shall have the same legal effect. Signal and my signature shall have the same legal effect. Signal and my signal and s			CERTIFICATE OF CTATUS DECIDED WAS Additional test coultres	
Signature of Registered Agent Name of Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Name of Officers and/or Director Officer and/or Director Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Director Officer and/or Director Director (Registered Agent) Name of Officers and/or Director Officer and/or Director Director (Registered Agent) Name of Officers and/or Director Name of Officers and/or Director Director (Registered Agent) Name of Officers and/or Director City / State / Z.p New York, N.Y. 10008 P SANDAR Fielding 2000 ISLand BUD 504 Aventura, Fl 33.160 400 1 7 8 9 1 8 9 4 4 05/11/10-01005-0017 ***308.75 10. E-mail Address: FIEDING 2000 Author Agent and Agent and Agent and Agent and Agent	Name MRS. SANDRA E. Fielding Street Address (P.O. Box Number is Not Acceptable) 2000 TSLAND BIVD Suite, Apt. #, Etc. # 1204 City 1 State Zip Code		The \$600.00 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	
Titles Name of Officers and/or Directors Street Address of Each Officer and/or Director D JEREMY R. Fielding 185 E 83 ST. # 10 B New York, NY 10098 P SANDAR Fielding 2000 ISLAND BUD FOR AVENIUM, F1 23 160 10. E-mail Address: FIRDING 22 OF AD COMMENT OF AVENIUM, F1 33 160 11. 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 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 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 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 has been eliminated in this application is true and accurate, and my signature shall have the same legal effect as if made under oath. SIGNATURE:	Signature of Registered Agent Date			
Officer and/or Directors Officer and/or Director New York, NY 10098 Aventura, F1 33160 400178918844 O5/11/1001005007 ***308.75	9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
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