2007 FOR PROFIT CORPORATION

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

| REINSTATEMENT | | | | | | | | |
|---|--|---|-------------------|--|---|------------------------------------|-----------------------|-------------------------------|
| DOCUMENT # P05000127445 | | | | | | FIL SECRETARY DIVISION OF CO | OF STATE | |
| | A TEEEOOM, INO | | | | | 07 JAN 16 | PM 1:30 | |
| Principal Plac | e of Business | Mailing Address | | | | | | |
| 3389 SHERIDAN ST HOLLYWOOD, FL 33021 | | 3389 SHERIDAN ST HOLLYWOOD, FL 33021 | | REII | VSTAT | EME | JT 06-0 | |
| | | | | | | | | |
| 2. Principal P 3 38 9 Suite, Apt. | • | 3. Mailing Address 3389 SHELIDAN ST Suite, Apt. #, etc. | | | | | | |
| #109 | | #109 | | | 01102007 | REIN-P | CR2E098 (1/0 | 7) |
| City & Stat | | City & State Hollywood, FL | | | 4. FEI Numb | 528963 | | Applied For Not Applicable |
| 3302 | Country | Zip Country | | 5. Certificate | of Status Desired | \$8.75 Fee Requ | Additional uired | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | | | |
| Name R D | | | | | | 1// | | |
| ROOS, DAVIN 3389 SHERIDAN ST | | | | ROOS / DAUIN Street Address (B.O. Box Number is, Not Acceptable) 3 3 8 7 5 n eRi aan St. #-109 | | | | |
| HOLLYWOOD, FL 33021 | | | | 33 | 87 Shek | <u>Liaan St.</u> | #109 | • |
| | | | | City Hr | Muusaa | İ | FL Zig C | Code 3 0 Q1 |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | | | | | | | | |
| SIGNATURE 1-11-07 | | | | | | | | |
| Signature Ayped or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | | |
| FILE NOWIIL FEE IS \$900.00 | | | | | 30 01/25 | 000861 0701004- | 68533 -016 **908 | . 75 |
| 10. | OFFICERS AND (| DIRECTORS | 11. | | ADDITIONS | /CHANGES TO OFFI | CERS AND DIRECT | ORS IN 11 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP ROOS, DAVIN 3389 SHERIDAN ST HOLLYWOOD, FL 33021 | ☐ Delete | TITLE NAME STREET | ADDRESS 3 | PST 2005, DAU 389 Shei Hollywood | IN Ridan St, F , F L 330 | □ Chan #109 031 | ge 🔀 Addition |
| TITLE | | ☐ Delete | TITLE | | D 1 9 0 | | ☐ Chan | ge Addition |
| NAME | | | NAME | | | | | |
| STREET ADDRESS CITY-ST-ZIP | | | STREET O | ADDRESS | | | | |
| TITLE | | ☐ Delete | TITLE | 1-511 | | | ☐ Chan | ge 🔲 Addition |
| NAME | | Delete | NAME | | | | Chair | ,c |
| STREET ADDRESS | | | | ADDRESS | | | | |
| CITY-ST-ZIP | | | CITY-ST | T-ZIP | | | | |
| TITLE NAME | | ☐ Delete | TITLE NAME | | | | ☐ Chan | ge 🔲 Addition |
| STREET ADDRESS | | | | ADDRESS | | | | |
| CITY-ST-ZIP | | | CITY-S1 | T-2(P | | | | |
| TITLE | | ☐ Delete | TITLE | | | | ☐ Chan | ge 🔲 Addition |
| NAME STREET ADDRESS | | | NAME STREET | ADDRESS | | | | į |
| CITY-ST-ZIP | | | CITY-ST | T-ZIP | | | | |
| TITLE | | ☐ Defete | TITLE | | | | ☐ Chan | ge 🔲 Addition |
| NAME STREET ADDRESS | | | NAME | ADDRESS | | | | |
| CITY-ST-ZIP | | | CITY-ST | I | | | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes: and that my name appears in Block 10 or Block 11 if | | | | | | | | |
| changed, or on an attachment with a address, with all other like empowered. SIGNATURE: /-1/-07 954-907-3848 | | | | | | | | |
| SIGNATURE: 1-11-07 954-907-3848 | | | | | | | | |