PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

07 AUG -6 PM 3: 19

TALLAHASSEE, FLORIDA

DOCUMENT # P05000153490

1. Corporation Name

Zip 33461 Country 7. Name and Address of Current Registered Agent Name SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 Southwest 22nd Street 1840 Southwest 22nd Street Country Country 6. CERTIFICATE OF STATUS DESIRED 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	OE	VA RICE (
4. Date incorporated or Qualified To De Blusiness in Florida 11/17/2005	2. Principal Office Address - No P.O. Box # 900 Barnett Drive 900 Barnett Drive			Office Address REINS ett Drive			TATEMENT 06-07 PCS				
Cry & State Lake Worth, Florida Country 33461 Country 33461 Country 33461 Country 33461 Country 33461 Country 33461 F. Name and Address of Current Registered Agent F. Name and Address of Country F. Name and Address of Country F. Name and Registered Agent F. Name and Registered Agent F. Name and Registered Agent F. Spiriture of Registered Agent of the above named corporation, am familiar with and accept the obligations of section 607 0505 or 617.0503, F.S. F. Spiriture of Registered Agent of the above named corporation, am familiar with and accept the obligations of section 607 0505 or 617.0503, F.S. F. Spiriture of Registered Agent By F. Spiriture of Registered Agent Registered Registered Registered Agent Registered Registere	Suite, Apt. #, etc. Suite, Apt. #			, etc.			4. Date Incorporated or Qualified				
33461 Country 3446 Country 34	,		1 '								
Signature of Micars and/or Directors Natial Utrera, Vice President Proposed and requesting 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. City Miami State 33/145 Signature of Spried SUTRER Proposed and second and accept the obligations of section 607.0503 or 617.0503, F.S. Signature of Natial Utrera, Vice President Proposed State Address of Each Officer and/or Directors Signature of Officer and/or Directors of State Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Officers and/or Directors Signature of Officer and/or Directors Signature of Officer and/or Directors Officer and/or Directors Signature of Officer and/or Directors Signature of Officer and/or Directors Officer and/or Directors Lake Worth, Florida 33461 VP Joseph, Jean M. 900 Barnett Drive Lake Worth, Florida 33461 VP Joseph, Bertha 900 Barnett Drive Lake Worth, Florida 33461 Signature of City Ital 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 cardity that when filing this reinstatement application, the reason for disculation has been eliminated, the conporation reinse satisfies the requirements of section 607/0401 or 617,0401, F.S., that all fees owed by the or portation 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 noticated on this application is pure and accurate, and my signature and made under cutth. Signature of City State / C		Country	-		Coun	try	6. CERTIFICATE	OF STATUS DESIRED	\$8.75 Additional	Fee required	
Signature of 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 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 By Natalla Utrera, Vice President Edistered Agent Must signature of Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Name of Officers and/or Directors Titles Name of Officers and/or Directors Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles VP Joseph, Jean M. 900 Barnett Drive Lake Worth, Florida 33461 VP Joseph, Bertha 900 Barnett Drive Lake Worth, Florida 33461 Lake Worth, Florida 33461 Lake Worth, Florida 33461 Lake Worth, Florida 33461 10. Learly 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 corporation names satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and for the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information not casted on this application is pure and exercise.	7. Name and Address of Current Regis				tered Agent						
### State State Agency Acceptable ### State State FL 33145 ### State	Name SPIEGEL & UTRERA, P.A.							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			
### Apt #, Etc. ### City Floor City Miam State 32 in Code FL 33 in Code	Street Address (P.O. Box Number is Not Acceptable) 1840 Southwest 22nd Street										
Signature of SPIEGEL AUTREMPH Signature of Registered Agent BY Natalla Utrera, Vice President Street Addresses of Each Officer and/or Directors Files Officers and/or Directors Files Officers and/or Directors Files Officers and/or Directors Files Officers and/or Directors Files Officer and/or Directors Files Officers and Order officers of Each Officers and Order officers officers of Each Officers and Order officers officers of Each Officers and Order officers	Suite Apt. #. Etc. 4th Floor										
Signature of Registered Agent By Antoine, Vice President 9. Names and Street Addresses of Each Officer and/or Directors Titles Name of Officers and/or Directors Officer and/or Directors Name of Officers and/or Directors Officer and/or Directors PTD Antoine, Stepha 900 Barnett Drive Lake Worth, Florida 33461 VP Joseph, Jean M. 900 Barnett Drive Lake Worth, Florida 33461 10.1 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 rue and accurate, and my signature shall have the same legal effect as if made under oath.	City Miami					Zip Code 33145	iee be	iee be waiveu.			
Titles Officers and/or Directors Street Address of Each Officer and/or Director Directo	Signature of Registered Agent By: Date 8-3-0)	
Antoine, Stepha 900 Barnett Drive Lake Worth, Florida 33461 VP Joseph, Jean M. 900 Barnett Drive Lake Worth, Florida 33461 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, 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:	9. Names	and Street Addresses of Each Office	er and/or Director (Flo	orida nonpro	ofit corp	orations must list at	least 3 directors)				
Joseph, Jean M. 900 Barnett Drive Lake Worth, Florida 33461 Lake Worth, Florida 33461 Lake Worth, Florida 33461 Lake Worth, Florida 33461 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.	Titles							City / State / Zip			
S Joseph, Bertha 900 Barnett Drive Lake Worth, Florida 33461 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 the and accurate, and my signature shall have the same legal effect as if made under oath. SIGNATURE:	PTD	Antoine, Stepha			nett D	rive		Lake Worth, Florida 33461			
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 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 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:	VP	Joseph, Jean M.			900 Barnett Drive			Lake Worth, Florida 33461			
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:	s	Joseph, Bertha									
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:							55.0 08/14	101080 07-01017-	27705 -006 **300	.00	
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:							·				
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:				1							
	this re owed i on this	nstatement application, the reason for by the corporation have been paid an application is true and accurate, and TURE:	r dissolution has bee d the names of individ my signature shall hi	n eliminated duals listed ave the sam	d, the co on this f ne legal	rporate name satisf orm do not qualify fo effect as if made un	ies the requirements or an exemption con ider oath.	s of section 607.0401 Italined in Chapter 119	or 617.0401, F.S., that 9, F.S. The information	l all fees	