PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT  Societary of State Envision of Corporations  DOCUMENT # P060000012508  1. Comparation harm  STREINER ENTERPRISES, INC.  REINSTATEMENT  SO0166853098  10/21/10-01041-024 **750.00  SOURCE										
STREINER ENTERPRISES, INC.  REINSTATEMENT  SOO 1 5885 3098  01/21/10-01041-024 **750.00  Cry & State  AVENTURA, FL  2P  County  2P  County  3 Mailing Office Address.  PO BOX 802208  Suite, Apr # ec  Suite, Apr # ec  Cry & State  AVENTURA, FL  2P  County  2P  County  7P  The reinstatement fee is imposed, except in circumstances which the entity did not recover the prior notices which the entity did not recover the entity did not recover the prior notices which the entity did not recover the prior notices which the entity did not recover the entity did not recover the entity did not recover the prior notices which the entity did not recover the prior notices which the entity did not recover the prior notices which the entity did not recover the prior notices which the entity did not recover the prior notices which the entity did not recover the prior	•	は最後が4.これが2.0	Secr	retary o	of Sta	te				
2. Principal Cliffore Addresss Nn PO Box # 3. Mailing Office Addresss PO BOX 802208  2. Principal Cliffore Addresss Nn PO Box # 3. Mailing Office Addresss PO BOX 802208  Suite. Apt. # erc							800166853098 02/03/1001033022 **300.00			
Suite, Apr. 8 rice  City & State  AVENTURA, FL  Zip  Country  Zip  Zip  Cou	STREIN	NER ENTERPRISE	ES, INC.			ļ	i			
Cay & State  AVENTURA, FL  AVENTURA, FL  AVENTURA, FL  AVENTURA, FL  AVENTURA, FL  332266100  332280  USA  7. Name and Address of Current Registered Agent  Name:  CMS INTERNATIONAL ENTERPRISES, INC.  Steel Address (P. O. Bon Number is Not Acceptable)  Steel Address (P. O. Bon Number is Not Acceptable)  Stop BultTMORE WAY  Suite, Agr #, Elec  CORAL GABLES  8. I. being appointed the registered agent of the above named corporation and antifiant with and accept the obligations of section 607 6505 or 617, 0503, F. S.  Signature of Registered Agent  PTD JARRET STREINER  1530 SW 96 TERRACE  DAVIE, FL 333324  VPSD JESSICA STREINER  1530 SW 96 TERRACE  DAVIE, FL 333324  VPSD JESSICA STREINER  1530 SW 96 TERRACE  DAVIE, FL 333324  VPSD JESSICA STREINER  1530 SW 96 TERRACE  DAVIE, FL 333324  VPSD JESSICA STREINER  1530 SW 96 TERRACE  DAVIE, FL 333324  VPSD JESSICA STREINER  1530 SW 96 TERRACE  DAVIE, FL 333324  VPSD JESSICA STREINER  1530 SW 96 TERRACE  DAVIE, FL 333324  VPSD JESSICA STREINER  1530 SW 96 TERRACE  DAVIE, FL 333324  VPSD JESSICA STREINER  1530 SW 96 TERRACE  DAVIE, FL 333324  VPSD JESSICA STREINER  1530 SW 96 TERRACE  DAVIE, FL 333324  VPSD JESSICA STREINER  1530 SW 96 TERRACE  DAVIE, FL 33324  VPSD JESSICA STREINER  1530 SW 96 TERRACE  DAVIE, FL 33324  VPSD JESSICA STREINER  1530 SW 96 TERRACE  DAVIE, FL 33324  VPSD JESSICA STREINER  1530 SW 96 TERRACE  DAVIE, FL 33324  VPSD JESSICA STREINER  1530 SW 96 TERRACE  DAVIE, FL 33324  VPSD JESSICA STREINER  1530 SW 96 TERRACE  DAVIE, FL 33324  VPSD JESSICA STREINER  1530 SW 96 TERRACE  DAVIE, FL 33324  VPSD JESSICA STREINER  1530 SW 96 TERRACE  DAVIE, FL 33324  VPSD JESSICA STREINER  1540 SW 96 TERRACE  DAVIE, FL 33324  VPSD JESSICA STREINER  1550 SW 96 TERRACE  DAVIE, FL 33324  VPSD JESSICA STREINER  1540 SW 96 TERRACE  DAVIE, FL 33324  VPSD JESSICA STREINER  1550 SW 96 TERRACE  DAVIE, FL 33324  VPSD JESSICA STREINER  1550 SW 96 TERRACE  DAVIE, FL 33324  VPSD JESSICA STREINER  1550 SW 96 TERRACE  DAVIE, FL 33324  VPSD JESSICA STREINER  1550 SW 96 TERRACE  DAVIE						01/21/10010417-024 **750.00				
City & State AVENTURA, FL AVENTURA, FL Zip 33009 USA 33280 USA  7. Name and Address of Current Registered Agent Name CMS INTERNATIONAL ENTERPRISES, INC.  Street Address (P.O. Box Number is Not Acceptable) State Sponshine of CORAL GABLES  8. 1. being appointed the registered agent of the above named corporations and familiar with and accept the obligations of section 607 0505 or 917,0503, F.S.  Signature of Registered Agent PTD JARRET STREINER  1530 SW 96 TERRACE DAVIE, FL 33324  VPSD JESSICA STREINER  1530 SW 96 TERRACE DAVIE, FL 33324  11. contry that I am an officer or glicector or the receiver or trustee empowered to execute this application as provided for in character 607 or 617, F.S. I further contry that when filling this reinstatement application from the size of 157, 0401, F.S. I further contry that when filling this reinstatement application of 617, 0401, F.S. I further contry that when filling this reinstatement application of 617, 0401, F.S. I further contry that when filling this reinstatement application flat been cirriorated, the corporation approached for in character 607 or 617, F.S. I further contry that when filling this reinstatement application flat been cirriorated on the corporation approached for incharge flory that when filling this reinstatement application flat been cirriorated in the corporation flat requirement application flat been cirriorated in the corporation flat requirement application flat been cirriorated in corporation flat requirement application flat been cirriorated in the under address of 607,0401 or 617,0401, F.S. I further contry that when filling this reinstatement application application flat the requirements of section 607,0401 or 617,0401, F.S. I further contry that when filling this reinstatement application application flat been controlled on the application flat the under address of 607,0401 or 617,0401, F.S. I further contry that when filling this reinstatement application and the collegation of the filling than the section 607,0401 or 617,0401, F.S. I further	Suite, Apt, #, etc	Suite, Apt #, etc	etc			4. Date incorporated or Qualified To Do Business in Florida 01/23/2006				
33009 USA 33280 USA "CERTIFICATE OF STATUS DESIRED AND ACCOUNTING A STATUS DESIRED ACCOUNT OF A COMMISSION OF	AVENTURA, FL AVENT					5. FEI Number Applied For				
Name CMS INTERNATIONAL ENTERPRISES, INC.  Street Address (P O. Box Number is Not Acceptable) Street Address (P O. Box Number is Not Acceptable) Street Address (P O. Box Number is Not Acceptable) Street Address (P O. Box Number is Not Acceptable) Street Address (P O. Box Number is Not Acceptable) Street Address (P O. Box Number is Not Acceptable) Street Address (P O. Box Number is Not Acceptable) Street Address (P O. Box Number is Not Acceptable) Street Address (P O. Box Number is Not Acceptable) Street Address (P O. Box Number is Not Acceptable) Street Address (P O. Box Number is Not Acceptable) Street Address (P O. Box Number is Not Acceptable) Street Address (P O. Box Number is Not Acceptable) Street Address (P O. Box Number is Not Acceptable) Street Address (P O. Box Number is Not Acceptable) Street Address (P O. Box Number is Not Acceptable) Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Tidios Officers and/or Directors Officer and/or Director Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Tidios Officers and/or Directors Officer and/or Director Officer an		· ·		I			6. CERTIFICATE	OF STATUS DESIRED S8.75	Additional Fee required a Certificate of Status	
Signature of Registered Agent  Registered Agent  Registered Agent  Registered Agent  Registered Agent  Registered Agent  Registered Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Titles  Name of Officers and/or Directors  Name of Street Address of Each Officers and Officers  Name of Officers and/or Directors  Name of Officers  Name o	CMS INTERNATIONAL ENTERPRISES, INC Street Address (P O. Box Number is Not Acceptable) 550 BILTMORE WAY Suite, Apt. #, Etc MEZZANINE - SUITE 200 City				State Zip Code			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		
Titles Name of Officers and/for Directors    Street Address of Each Officer and/or Director	Signature of	1.1	5-1	<u>ل</u> 		h and accept the ol	bligations of section			
Officers and/or Directors  Officer and/or Director  Officer and/or Director  Officer and/or Director  DAVIE, FL 33324  VPSD JESSICA STREINER  1530 SW 96 TERRACE  DAVIE, FL 33324  10 E-mail Address: CSAMLUT@SAMLUT.COM  (To be used for future annual report notification)  11, 1 Certify that I am an officer or parector or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that all fees owed by the corporation have been apid Derther certify, 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: X  Secretary  O1/19/2010 954-455-5913	9. Names and	Street Addresses of Each Officer an	d/or Director (Florida	nonprofit						
VPSD JESSICA STREINER  1530 SW 96 TERRACE DAVIE, FL 33324  10 E-mail Address: CSAMLUT@SAMLUT.COM  To be used for future annual report notification  11, 1 certify that I am an officer or affector 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 Junther certify, 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:  Secretary  01/19/2010 954-455-5913	Titles							City / State	/ Zip	
10 E-mail Address: CSAMLUT@SAMLUT.COM  (To be used for future annual report notification)  11, 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 filling this reinstatement application have been guide for inchapter and satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been guided further certify, 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:  Secretary  01/19/2010 954-455-5913	PTD J	JARRET STREINER 153			530 SW 96 TERRACE			DAVIE, FL 3	3324	
11. It 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. Further certify, 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:  Secretary  01/19/2010 954-455-5913	VPSD JE	JESSICA STREINER 15			1530 SW 96 TERRACE			DAVIE, FL 333	24	
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Signature: X Secretary 01719/2010 954-455-5913	this reinstate owed by the i	ment application the reason for diss corporation have been paid Lighther	olution has been elimi	inated, the	e corpor	ate name satisfies	the requirements	of section 607.0401 or 617.040 d my signature shall have the s	in, H.S., that all fees ame legal effect as if	
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