

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 DEC 15 PM 5:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P07000006100

1. Corporation Name

POMEROY HOLDINGS, INC.

REINSTATEMENT 08

CR2E081 (10/08)

2. Principal Office Address - No P.O. Box #

201 S. BISCAYNE BLVD.

Suite, Apt. #, etc.

1500 MIAMI CENTER (JDB)

City & State

MIAMI, FLORIDA

Zip

33131

Country

USA

3. Mailing Office Address

4750 S.W. 82nd STREET

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33143

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

01/01/2007

5. FEI Number

59-1931082

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
CORPORATION COMPANY OF MIAMI

Street Address (P.O. Box Number is Not Acceptable)
201 S. BISCAYNE BLVD.

Suite, Apt. #, Etc.
1500 MIAMI CENTER (JDB)

City
MIAMI

State
FL

Zip Code
33131

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

[Signature] Asst. Secretary
REGISTERED AGENT MUST SIGN

Date 12/12/08

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
D, P	DIANE L. HOFFER	201 S. BISCAYNE BLVD., STE. 1500	MIAMI, FLORIDA 33131
D, VP	AILEEN A. HOFFER	201 S. BISCAYNE BLVD., STE. 1500	MIAMI, FLORIDA 33131

600139019336
12/15/08--01047--013 **750.00

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:

[Signature] DIANE L. HOFFER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dec 8, 2008 309-661-0695
Date Daytime Phone #