PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT FLORIDA DEPARTMENT OF STATE Secretary of State Division of corporations					ZOI3 DEC 31 PM 12: 20			
DOCUMENT # P120000 58492 1. corporation Name LAW OFFICE OF ALGUESTAW P.A.						TALLAHASSEE, FLO	A 12: 20 TATE PRIDA	
452	al Office Address - No P.O. Box #	3. Mailing Office Address 4521 P C B BLVO,				CR2E081 (11/10)		
Suite, Apr		Suite Apt 4, etc. 3994 CRY & STATE PHEM BEACH GATEVENS, F.			4. Date Incorporated or Qualified To Do Business in Florida 702/ 30/2			
Ζiρ	Bendh GARDENS, F.	Zip	Count	ý	6	520201	Applied For Not Applicable	
334	18 USA	33418°	U	S/ }	CERTIFICAT	E OF STATUS DESIRED	Certificate of Status	
Name HAN SILVERSTEIN Street Address (P.O. Box Number is Not Acceptable) 4521 PGA BLVD. Suite. Apt. W. EIC. # 397 City PACM Bebeh GAR IXINS 8. 1, being appointed the registered agent of the above named corporation, am fair				ZIP CODE 33418 with and accept the o	700255128837 12/31/1301010001 ***758.75 Digations of section 607 0505 or 617 0503, F.S			
Signature of Registered Agent REGISTERED AGENT MUST SIGN						Date 12/26/13		
Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)								
Tritles Name of Officers and/or Directors			Street Address of Each Officer and/or Director			City / State / Zip		
P/s	ALAN SILVENSHIN 4521 PGA BLUE ALAN SILVENSHIN 4521 PGA BLUE					PACM BENCH GARDENS FL. 23418		
D.	Acon Silvensler	Stein 4521 PGA BCVA				PALM BEACH GARDENS		
						S. HAWKE	S	
	2012	3-13	TP	T		DEC 3 1 2	013	
	REINST	ATEME	N	1		EXAMINER		
10. E-mail Address: Opening of Street Company (To be used for future annual report notification) 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 thing 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. and that all fees owed by the corporation have been paid. I 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. I amplication that falle information submitted in a document to the Department of State-constitutes a third degree felony as provided for in s 817.155, F.S.								

ALAN SILVENSTEIN
SHANDTYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

-56-572-G898