PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION** Sandra B. Mortham FOR Secretary of State FILED REINSTATEMENT DIVISION OF CORPORATIONS P93000000337 **DOCUMENT #** 98 JAN 26 AMII: 36 1. Corporation Name LISBETH OSLO, INC. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 2501 NE 11TH STREET 2501 NE 11TH STREET SUITE NO. 1 SUITE 1 FORT LAUDERDALE FL 33304 FT. LAUDERDALE FL 33304 REINSTATEMENT If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable Date Incorporated or Qualified To Do Business in Florida 12/28/1992 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For 65-0378600 City & State City & State Not Applicable \$8.75 Additional Fee required for a Certificate of Status Ζip Country Zip Country CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each Officer and/or Director
(Do NOT Use Post Office Box Numbers) City / State / Zip Title(s) DALAL, ANNE L D 2501 NE 11TH STREET SUITE NO 1 FORT LAUDERDALE FL 33304 DALAL, ROGER 3703 BRIDGE ROAD **COOPER CITY FL 33024** 900002415329--9 -01/28/98--01108--022 ****900.00 ****900.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent DALAL, ANNE L Street Address (P.O. Box Number is Not Acceptable) 2501 NE 11TH STREET SUITE NO. 1 Suite, Apt. #, Etc. FORT LAUDERDALE FL 33304 City State Zip Code 10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent nine-lisbeth 1.19.98 11. This corporation owes or has paid the current year (See other side for information on intangible tax.) Intangible Personal Property tax due June 30. Yes 12. 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 under section 119.07(3)(i), 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 cath.

1.19.98 (954) 564-7078
Daytime Phone #