## PLEASE READ ALL INSTRUCTIONS EEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT			FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS			04 APR 22 PN 3:27 SECRETARY OF STATE TALL AHASSEE, FLORIDA						
DOCU		# P9	3000005573				1	AU.#*				
MAPPY	''S SUPLII	ES, IN	IC.									
, r.							Putter.	n. e die e	TATEM	enales e	33-M	
2. Principal Office Address 740 OCEAN DRIVE				3. Mailing Office Address 740 OCEAN DRIVE					64466110			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			4. Date Incorp	erated or	Qualified	,		
City & State				STE. 2			To Do Busin			25/199	3	
-MIAMI-BEACH, FLORIDA				MIAMI-BEACH, FL			<b>5.</b> FEI Numbe 65-038948		~~·	Applie Not Ap	d For	
Zip 33139	Country DADE		<sub>Zip</sub> 33139		Country DADE	6. CERTIFICATE	CERTIFICATE OF STATUS DESIRED S		Additional Fe r a Certificate of	e required		
				<b>7.</b> N	ame and A	Address of Current Regist	ered Agent					
	Name NICOLE BASABE											
,	Street Addr 740 OCI	D. Box Number is f DRIVE	Not Acceptable)									
	Suite, Apt. #, Etc. STE. 2											
	City MIAMI BEACH, FLORIDA								State Zip Code FL 33139			
8. I, being Signature o Registered	1 1/	registere LO	UB aso	ove named corpo		familiar with and accept the	obligations of section	on 607.05 Date	01/06	12004	CR2E081 (01/04)	
9. Names	and Street Ad	dresses	·			ofit corporations must list at	least 3 directors)					
Titles	Nome of			Street Address o Officer and/or D								
PST	NICOLE BASABE			740 OCEAN DRIVE			-	MIAMI BEACH, FL 33139				
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							04/13/	04(	01081024	**750.C	10	
							. 50		132622: 11173-114	205		
							<del></del>	<del>704</del>	-01023014	**150.1	00	
this rei owed t	instatement ap by the corporat	plication ion have	, the reason for di been paid and th	ssolution has bee e names of individ	n eliminated Iuals listed	to execute this application a d, the corporate name satisfi on this form do not qualify to ne legal effect as If made un	ies the requirements or an exemption und	s of sectio	n 607.0401 or 617.04	01, F.S., that al	l fees	
SIGNA	TURF:	M	wold L	Deal	<b></b>		04/0	06/200	4 305-532	2-0376		
	SI	GNATUR	E AND TYPED OR F	RINTED NAME OF	SIGNING OI	FFICER OR DIRECTOR		Date	Dayt	ime Phone #	— I	