PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM FLORIDA DEPARTMENT OF STATE AND **APPLICATION** Sandra B. Mortham FILED **FOR** Secretary of State REINSTATEMENT 1996 DEC 23 PH 1: 59 DIVISION OF CORPORATIONS DOCUMENT # 14 SECRETARY OF STATE TALLAHASSEE. FLORIDA 1 Corporation Name P.F.S. INC. DIBIA JERSEY SUBS Principal Place of Business Mailing Address 4822 NW 2 NO AVE SAME BOCA RATON, FL. If above addresses are incorrect in any way, line through incorrect information and enter correction below. DO NOT WRITE IN THIS SPACE

Date Incorporated or Qualified
To Do Business In Florida
4-13-93 2. New Principal Office Address, If Applicable 3. New Mailing Address, If Applicable Suite, Apt. #, etc. Suite, Apt. #. etc. 5. FEI Number Applied For City & State 65-0411689 City & State Not Applicable 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Title(s) City / State / Zip Officer and/or Director
(Do NOT Use Post Office Box Numbers) 428 PLAZA REAL APT#616 PAUL SHEEHAN PRESIDENT BOCA PATON FL 33431 500002038375---12/26/96--01035--003 ****375.00 ****375.00 B. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent JOHN P. WILKES (ON PILE) MARINE FORT LANDGEDAZE, FL. 10. It 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 Dato 12.20-96 11. Does this corporation pay any intangible tax to the (See other side for information on intangible tax.) Dept. of Revenue under S. 199.032, Florida Statutes. 12 I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access; I'
certify that I am an officier 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 it is 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 less owed by the corporation have been paid information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made lees owed by the counder path. PAUL SHEEHAN PRESIDENT SIGNATURE SIGNATURE AND YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR