PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT		DEPARTME Secretary of S		•	FILED 4 MAR 28 AM 8: 03		
DOCUMENT # p9300 • Corporation Name	00034057			SI T:A	ECRETARY OF STATE ALLAHASSEE, FLORIDA	L	
LA MIR			C.				
2. Principal Office Address - No P.O. Box # 3. Mailing Office Address - No P.O. Box # 17555 COLLINS AVENUE 17555 (COLLINS AVENUE		CD2D001 (11/10)			
SUITE 1108	Suite, Apt. #,	#, etc. TE 1108		CR2E081 (11/10) 4. Date Incorporated or Qualified			
City & State	City & State	ate		To Do Business in Florida 05/07/1993 5. FETNumber Applied For			
SUNNY ISLES	SUN	Coun		6504135	50.75	Not Applicable	
33160 U.S.A.	33160) U.	S.A.	CERTIFICAT		litional Fee required ertificate of Status	
7. Name and .	Address of Current Regis	tered Agent		7		ســــــــــــــــــــــــــــــــــــ	
DAVID NOSIKOVSKY	*			700258397327 03/28/1401032015 **8.75			
17555 COLLINS AVE			***	7	002583973	เวา	
SUITE 1108				03/2	8/1401032014	**2558.75	
SUNNY ISLES		FL State	1 '				
8. I, being appointed the registered agen	t of the above named corpo	oration, am familia	r with and accept the ol	oligations of secti	an 607.0505 or 617.0503, F.S.	,	
Signature of Registered Agent	PEGISTERED AG	ENT MUST SIGN			Date 03/21/2014		
Names and Street Addresses of Each				ast 3 directors)			
Titles Name Officers and/or			Street Address of Each Officer and/or Director		City / State / Zip		
PD DAVID NOS	D DAVID NOSIKOVSKY		17555 COLLINS AVENUE, SUITE 1108,		SUNNY ISLES, FL 33160		
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PEI	NCTATI	~~ \	TO .	MA	R 28 2014		
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(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 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., 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 path. I am average that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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03/21/2014

305-807-2470

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Daytime Phone #