PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 NOV 13 PM 3:07
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P93000050025

1. Corporation Name
PUB SET, INC.

Principal Place of Business
1881 NE 26TH ST.
SUITE 101
WILTON MANORS FL 33305
US

Mailing Address
~~2924 NE 18TH AVE.~~
~~WILTON MANORS FL 33305~~
~~US~~

REINSTATEMENT 97.00

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
Suite, Apt. #, etc.	1881 NE 26TH STREET Suite, Apt. #, etc. SUITE 101
City & State	City & State WILTON MANORS FL
Zip / Country	Zip 33305 / Country USA

4. Date Incorporated or Qualified To Do Business in Florida 07/16/1993

5. FEI Number 65-0427602 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ — $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D, P	BERNIER, RICHARD	430 N.W. 39TH ST.	FT LAUDERDALE FL 33309
D	MOKOS, MICHAEL	1601 NE 49 STREET	OAKLAND PARK FL
D	GARNETT, BARCLAY	940 S.E. 9TH ST.	FT LAUDERDALE FL 33316

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****758.75 ****758.75

8. Name and Address of Current Registered Agent
~~SHAFFER, ROGER L.~~
~~2499 GLADES RD.~~
~~SUITE 318~~
~~BOCA RATON FL 33431~~

9. Name and Address of New Registered Agent
Name BERNIER, RICHARD
Street Address (P.O. Box Number is Not Acceptable) 1881 N.E. 26TH STREET
Suite, Apt. #, Etc. SUITE 101
City WILTON MANORS State FL Zip Code 33305

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 X [signature] Date X Nov 7, 1997
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☒ No ☐ (See other side for information on Intangible tax.)

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 oath.

SIGNATURE: X [signature] X Nov 7, 1997 (954) 537-7507
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
RICHARD BERNIER, PRESIDENT

CR2E040 (8/97)