PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT			FLORIDA DEPARTMENT OF STATE **Katherine Harris Secretary of State DIVISION OF CORPARATIONS			FILED 00 DEC 26 AM 10: 05		
DOCUMENT # P93000053896 1. Corporation Name					li li	SECRETARY OF STATE TALLAHASSEE. FLORIDA		
G:	iusepp	e America In	c.		0	100003524080 -01/04/0101108- *****750.00 ****	007	
2. Principal Office Address			3. Mailing Office Addre	ess		*****(JU:00 ****	Λ	
1800 NE 114 St./#1205			SAME		per per a la di		7040	
Miami, FL 33181 Suite, Apt. #, etc.			Suite, Apt. #, etc.			SIAILIVIENI porated or Qualified		
City & State			City & State		10 Do Bus	siness in Florida - July 1993		
-		т			5. FEI Numbe	· —-	applied For	
Miami, FL			Country			JJ_J <u>420831</u>	lot Applicable	
Zip	4.04	Country	Zip	Country	6. CERTIFICATI	E OF STATUS DESIRED S8.75 Addition	al Fee required ate of Status	
33	181.	USA		A Commence of the Commence of		- for a Certific	ate of Status	
	Name	Name Steven Weinberg						
{	Street Add	Street Address (P.O. Box Number is Not Acceptable)						
}]	7805_SW_6_Ct						
	Suite, Apt.	#, Etc.				<u> </u>	_}	
	City					State Zip Code FL 33324		
8 I being	appointed the			familiar with and accept t	he obligations of sect	ion 607,0505 or 617,0503, F.S.	.RZE081 (9/99	
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent Date 12/18/05								
, agrana		RE	GISTERED AGENT MUS	T SIGN		/		
9. Names	and Street A	dresses of Each Officer and	Vor Director (Florida nonpr	ofit corporations must list	at least 3 directors)			
Titles	Name of Officers and/or Directors			Street Address of Each Officer and/or Director		City / State / Zip		
Pres	Carolynn S. Friedman		man 1800	1800 NE 114 St./#1205		Miami, FL 33181		
						 		
							LS	
this rein owed b	nstatement ap	nlication, the reason for diss	olution has been eliminated names of individuals listed	 d, the corporate name sati on this form do not qualify 	isfies the requirement y for an exemption und	apter 607 or 617, F.S. I further certify that s of section 607.0401 or 617.0401, F.S., the der section 119.07(3)(i), F.S. The information	natali rees 🛛	
SIGNAT	FURE: $\frac{\left(\frac{1}{5}\right)}{5}$	GNATURE AND TYRED OR PR	LAFO INTED NAME OF SIGNING OF	ベルン S 早lep FFICER OR DIRECTOR	1 GAMO	2/21/00 305-892-95 Date Daytime Phone #	/ 9	