PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORMED DHA FLORIDA DEPARTMENT OF STATE APPLICATION Sandra B. Mortham FOR Secretary of State 1996 DEC 18 AM 10 36 REINSTATEMENT DIVISION OF CORPORATIONS SECRETARY OF STATE TALLAHASSEE, FLORIDA 30000 61124 DOCUMENT # 1. Corporation Name HOG HEAVEN, INC. Principal Place of Business Mailing Address 85361 Overseas Hwy. 85361 Overseas Hwy. REASTATEN 85361 Overseas Hwy. Islamorada, FL If above addresses are incorrect in any way, line through incorrect information and enter correction below. DO NOT WRITE IN THIS SPACE 4. Date Incorporated or Qualified To Do Business in Florida 2. New Principal Office Address, If Applicable 3. New Mailing Address, If Applicable 9/1/93 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For 65-0432734 City & State City & State Not Applicable Zin Country CERTIFICATE OF STATUS DESIRED X 7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must set at least 3 directors) Name of Officers Street Address of Each Title(s) Officer and/or Director (Do NOT Use Post Office Box Numbers) City / State / Zip D,P Ken Marc 85361 Overseas Hwy. Islamorada, FL 33036 700002033657---12/19/96--01037--007 ****783.75 ****783.75 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Shepard, Leskar & Levine, P.A. Street Address (P.O. 80x Number is Not Acceptable) Richard K. Inglis, Esquire 2455 East Sunrise Blvd. 409 Southeast 7th Street Suite 320 Suite, Apt. #, Etc. Fort Lauderdale, FL 33304 State | Zip Code 33301 Fort Lauderdale 10. I, being appointed the registered agent of the above named corporation, am familiar with and accopt the obligations of Section 607.0505, F.S. Signature of Registered Agent 12/9/96 Date REGISTERED AGENT MUST SIGN 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 filing 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 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 whon filing this reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.040t or 617.0401, F.S., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

305-664-966

Daytime Phone #

Date