PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **CORPORATION** 2007 SEP 10 PM 2: 01 Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS SECRETARY OF STATE DOCUMENT # 8930000 80436 TALLAHASSEE, FLORIDA REZUMI OF FLORIDA, INC 2. Principal Office Address - No P.O. Box # 3. Mailing Office Address 3323 F. OAKLAND PK BLUD 51 MILL HILL RD CR2E081 (1/07) 4. Date Incorporated or Qualified To Do Business in Florida 11.15.93 City & State City & State 5. FEI Number Applied For FT. LAUDERDALE WOODSTOCK 65-0462503 Not Applicable Country \$8.75 Additional Fee required for a Certificate of Status 33308 7. Name and Address of Current Registered Agent Name The reinstatement fee is imposed, except in BRUCE BART circumstances which the entity did not receive Street Address (P.O. Box Number is Not Acceptable) the prior notices. By checking this box, you are certifying the prior notices were not Suite, Apt. #. Etc. received and requesting the reinstatement fee be waived. Zin Code LAUDERDALE 23304 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 9.4.07 Registered Agent REGISTERED AGENT MUST SIGN 9. 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 Titles City / State / Zip 6831 NW 345 AVE FT. LAUD. FL 33309 PRES BRUCE BART 4861 N. AUDREUT AV FT. LAUD, FL DANIEN BART 30**01085944**23 08/2**4**/07--01029--002 **73 10. 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 gaid end the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated ere shall have the same legal effect as if made under oath. on this application is true and a BRUCE BART SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR