

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

1. Corporation Name

**APPROVED
AND
FILED**

96 NOV 12 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

5542 NW 79th AVE
MIAMI, FL 33166

REINSTATEMENT

95-96 20

DO NOT WRITE IN THIS SPACE

4. Date Incorporated or Qualified To Do Business in Florida:

3/17/94

5. FEI Number

☒ Applied For 2013

Not Applicable

City & State

Country

CERTIFICATE OF STATUS DESIRED

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
P/D	MAUREEN DAVIS	5542 NW 79 AVE	MIAMI, FL 33166
			800002006548--0 -11/18/96--01002--006 ****\$75.00 ****\$75.00

800002006548--0	
-11/18/96--01002--006	
标准价575.00	标准价575.00

9. Name and Address of New Registered Agent

MICHAEL TAYLOR
10621 N. KENDALL DRIVE
MIAMI, FL 33176.

Name _____

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

Zip Code

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**

11/7/96

REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

13. 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 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. 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: Michael Taylor ATTORNEY-IN-FACT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/7/96

(305) 477-1735