PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE APPLICATION Sandra B. Mortham **FOR** Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS FILED DOCUMENT # 1. Corporation Name 98 FEB 19 PM 12: 49 CARDCO OF BROWARD, INC. SECRETARY OF STATE
TALLAHASSEE, FLORIDA Principal Place of Business 1020 NE 45th Street SAME Ft. Lauderdale FL 33334 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 Date Incorporated or Qualified To Do Business in Florida May 12, 1994 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For City & State City & State 65-0489447 Not Applicable \$8.75 Additional Fee required for a Certificate of Status ZiD Country Country CERTIFICATE OF STATUS DESIRED 7. 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 Officer and/or Director (Do NOT Use Post Office Box Numbers) Title(s) City / State / Zip 4401 NW 41st St. #206 Ft. Lauderdale, FL 33319 Anthony D. Forndran 800002436948---02/20/98--01110--005 ***1080.00 ***1080.00 800002436948---02/20/98--01110--006 ****128.75 ****128.75 B. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name Anthony D. Forndran 1020 NE 45th Street Street Address (P.O. Box Number is Not Acceptable) Ft. Lauderdale, FL 33334 Suite, Apt. #, Etc. City Zip Code State 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. aistered Agent GISTERED AGENT MUST SIGN Does this corporation pay any intangible tax to the (See other side for information Dept. of Revenue under S. 199.032, Florida Statutes. on intangible tax.) Yes 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 filling 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. (954) 771-8411 Anthony D. Forndran 1/30/98 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

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