FILED Feb 17, 2003 8:00 am Secretary of State

Daytime Phone #

2003 FOR PROFIT CORPORATION / UNIFORM BUSINESS REPORT (UBR)

| DOCU 1. Entity Nar ROBIN H Principal Place 6501 VIA RE | IMENT THE THE THE THE THE THE THE THE THE TH | | | | | | | 02-17-200 | 3 90249 | 027 ** | *150.00 | |
|---|--|--|---|-------------------------|-------------------------------|-------------------------|------------------------------|-----------------------------------|--------------------------------|-------------------------|---|-----------------|
| 2. Principal f | | ness | 3. Mailing Address 6501 V 1 Suite, Apt. #, etc. | | EGINA | | | | | | | |
| Suite, Apt. #, etc. | | | | | | | CHECK HERE IF MAKING CHANGES | | | | | |
| City & State | | | BOCA RATON, FL | | | 4. | 4. FEI Number 65-0509658 | | | | Applied For Not Applicable | |
| Zip Country | | 33433 (Coun | | IN BEACH 5. | | Certificate of Stat | tus Desired | | 3.75 Ad e Require | | 7 | |
| | 8, Name | and Address of Currer | nt Registered Agent | VITICA | 1 DET WIT | 7. | Name and Addre | ss of New Re | | | | |
| HUNTER, F 7040 W PA PMB 230 BOCA RAT | LMETTO P. | | | Street Addres | <i>OBI</i> ess (P.O. OI | D H Box Number is No | V THE | NA | | | | |
| | | | | | 130C | <u>A '</u> | KATON | ソ | FL | Zip Coo | 433 |] |
| & The above the obligat | named entit | y subplits this statement | the purpose of changing it | s registere | ed office or reg | jistered a | gent, or both, in th | e State of Florid | da.lam fam | niliar with, | , and accept | |
| SIGNATURÈ | M | MATTA | M | | | | | 2- | -14-0. | 3 | | } |
| Afte | FILE/NOWI | 11. FEE IS \$150.00 03 Fee will be \$550.00 05 Florida Department | j | TE: Raybus a | JAgantaignalumi me | epuir Bed With Bri | 9. Election (| Campaign Finar d Contribution. | DATE Incing | |) O May Be d to F ee s | - |
| 10. | | OFFICERS ANI | D DIRECTORS | 11. | | A | DDITIONS/CHAN | GES TO OFFIC | ERS AND DI | RECTOR | S IN 11 | }_ |
| NAME STREET ADDRESS CITY-ST-2IP | PTSV HUTTER, 6501 VIA F BOCA RA | REGINA | ☐ Delete | | F | | | | | Change | ☐ Addition | CRZE034 (10/02) |
| TITLE NAME STREET ADDRESS | | | ☐ Delete | TITLE | | | · · | <u> </u> | С |] Change | Addition | CRZE |
| CITY-ST-ZIP | | | | ÇITY- | ST-ZIP | | | | | | | |
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| TITLE NAME STREET ADDRESS | | | ☐ Delete | TITLE NAME STREE | 1 ADDRESS | | | | Ė | Change | Addition | 1 |
| CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P | | | ☐ Delete | TITLE NAME STREE | TADDRESS | | <u>a</u> | | | Change | ☐ Addition | |
| 111LE NAME STREET ADDRESS CITY-ST-2IP | | ' | ☐ Delete | TITLE NAME STREE | T ADDRESS ST - ZIP | | | | | Change | Addition | |
| indicated of the corp | on this report poration or the or on an atta | t or supplemental report in the receiver or trustee emp schment with an address, | h this filling does not qualify for is true and accurate and that rowered to execute this report with all other like empowered to TER | my signatu as requir | ire shall have ti | the same 607, Flori | legal effect as if n | nade under oat hat my name a | h; that I am a ppears in Bk | in officer ock 10 or | or director Block 11 if | i i |

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| | THE MOTIVOORIONO BEFORE | COMPLETING THIS FORM. |
|--|---|--|
| CORPORATION REINSTATEMENT | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | FILED 02. Aug-1_ PH 12: 40 |
| DOCUMENT # P94 000 1. Corporation Name ROBIN HUNTER IN | 057333 TERIORS, INC. | SECHETARY OF STATE IALLAHASSEE FLORIDA |
| 2. Principal Office Address. 6501 VIA REGINA Suite, Apt. #, etc. | 3. Malling Office Address 6501 VIA REGINA Suite, Apt. #, etc. | 5000069674559 -08/08/0201002016 ****450.00 ****450.00 |
| BOCA RATON FU | JOCA KATON, FI | 4. Date Incorporated or Qualified To the Business in Florida 08-10-94 5. FEI Number Applied For Not Applied F |
| 33 433 PALM . BEACH | 33 433 PALM BEACH | CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status |
| BOCA RATON | Acceptable) ETTO PARK RD# | State Zip Code FL 33 43 3 |
| nature of gistered Agent Manual Grant Gran | e names corporation, am familiar with and accept the oblig ISTERED AGENT MUST SIGN or Director (Florida nonprofit corporations must list at least | Date 7-29-02 |
| Itles Name of Officers and/or Directors | Street Address of Each Officer and/or Director | |
| ES ROBIN HUTTI | | INA BOCA RATON, FL33.433 |
| | | |
| | | |
| on this application is true and accurate, and my signal | or trustee empowered to execute this application as provide on has been eliminated, the corporate name satisfies the new of individuals listed on this form do not qualify for an exture shall have the same legal effect as if made under oath | led for in chapter 607 or 617, F.S. I further certify that when filling equirements of section 607.0401 or 617.0401, F.S., that all fees emption under section 119.07(3)(i), F.S. The information indicated in. |
| SNATURE: JOHN AND A PED OF STATE | MAGNE OF SIGNING OFFICER OR DIRECTOR | 29-02 %1-391-0982 Date Dayline Phone # |