

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000071511

Options Dating Service of Miami Beach, Inc.

REINSTATEMENT 97-98

APPROVED AND FILED

98 FEB 24 AM 8: 47

SECRETARY OF STATE TALLAHASSEE, FLORIDA

(703)848-0887

i incipari ac								
500 14th Street, #1 c/o Options, Inc.								
	Miami Beach, FL 33139 2108-A Gallows I				DO NOT WRITE II	N THIS SPACE		
Vienna, VA 221					3. Date Incorporated or Qualified	-		
					September 28,	1994		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number		pplied For	
21 211 SW 2nd Street 26 c/o Options					65-0524188	N	ot Applicable	
Suite, Apt. #, etc. Suite. Apt. #, etc.					5. Certificate of Status Desired	□ \$8.75	Additional	
27 2108-A Gallo			awc	<u>Road</u>	3. Certificate of Status Desired	Fee R	equired	
City & State City & State					6. Election Campaign Financing		May Be	
Fort Lauderdale, FL 28 Vienna, VA					Tradition Continuation		to Fees	
Zip	Country				8. This corporation owes or has paid the current year Intangible			
24 3330	2 25	29 22182 30	<u> </u>		Personal Property Tax due June 3		J No	
	9. Name and Address of Current	Registered Agent	81	Nama	10. Name and Address of New Regi	stered Agent		
G	ray Kooritzky		61		orida Incorporatora	Inc		
500 14th St. #1				Florida Incorporators Inc. Silved Address (P.O. Box Number & Not Acceptable) 2221 Brickell Ave., Ste. 900				
Miami Beach, FL 33139			<u> </u>		ZI BITCKETT AVE., SU	e. 900		
M	Idmi beach, FL 33	133	83					
			84	City		85 Zip	Code	
			- 1	' 1	Miami	FL 33	3131	
11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered								
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.								
SIGNATURE Mark Hankins, President 2/19/98								
GIGITATIONE	Signature, typed or printed nume of tegrslered agest.		required when reinstaling)	DATE	55 141 45			
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICE			
TITLE D	Gray Kooritzky	XX DELETE	1 1 TITLE		7000024	44093		
NAME	35-F Venetian Way	, #117	1.2 NAME		-02/25/	/98U1096·	U13	
STREET ADDRESS	Miami Beach, FL	· ·		ADDRESS	****90)() <u>, ()()</u> ***	*900.00	
CITY-ST-ZIP	Miami Beach, FL		1.4 CITY-1			XX Change	☐ Addition	
TITLE D	Naiomi Kooritzky	☐ DELETE	2.1 TITLE	D	Naiomi Kooritzky	±€E\$ Cirquige	LJ AUUIGGI	
NAME	2230 George Marsi	nall Dr. #318	2 2 NAME		8138 Boss Street			
STREET ADDRESS				ADDRESS	Vienna, VA 22182			
CITY-ST-ZIP	Falls Chulch, VA	XXDELETE	2. 4 CITY-		·	☐ Change	Addition	
THLE D	Peter Doran	XX DELETE	3.1 TITLE	D	Steve Sauter	Change	Audition	
NAME	800 West Avenue,	#934	3 2 NAME		8380 Greensboro Dri	ve. #304		
STREET ADDRESS	Miami Beach, FL	33139		ADDRESS	McLean, VA 22102	VC, #304		
CITY-ST-ZIP	Filami Beden, 12		3.4. CITY -	ST-ZIP	McHean, VA 22102	Change	Addition	
TITLE		☐ DELETE	4.1 TITLE			Change	- Addition	
NAME _			4 2 NAME					
STREET DDRESS				ADDRESS				
CITY - S - ZIP		DELETE	4.4 CITY-1	ST-ZIP		☐ Change	☐ Addition	
TITLE		ש מנונונ	5 1 TITLE		0. dlas	_ Onlings	- Automon	
NAME			5 2 NAME		1 1. Mai	9		
STREET ADDRESS			l.	ADORESS	0/.00	lad		
CITY-ST-ZIP		00.00	5 4 CITY-1	ST - ZIP	21241	D Change	Addition	
TITLE		☐ DELETE	6.1 TITLE		10.7	10 Li change	CT KOURKII	
NAME			62 NAME		'			
STREET ADDRESS			l	F ADORESS				
CITY-ST-ZIP		tive films does not evalify for	6.4 CITY-		 ed in Section 119.07(3)(i), Florida Statutes. I fu	irther certify that th	e information	
indiantád	on the appeal report or currelemental a	annual remort is true and accura	ite and tr	at my sin	inature shall have the same legal effect as it n	nade under path: th	natiam an I	
officer or	officer or director of the corporation or the receiv∳r or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in							
Block 12 or Block 13 if charged or on an attackment with an address.								

D NAME OF SIGNING OFFICER OR DIRECTOR