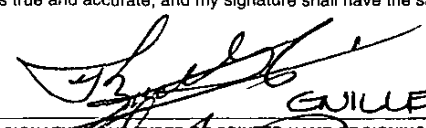


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P94000078068 1. Corporation Name FOAM IDEAS, INC.		FILED 05 MAY 10 AM 11:55 SECRETARY OF STATE TALLAHASSEE, FLORIDA REINSTATEMENT 03-05 	
Principal Place of Business 7961 S.W. 6TH ST N. LAUDERDALE FL 33068		Mailing Address 7961 S.W. 6TH ST N. LAUDERDALE FL 33068	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country	
4. Date Incorporated or Qualified To Do Business in Florida MAY 10 2005 10/21/1994		5. FEI Number 65-0532681 <div style="display: flex; justify-content: space-between;">CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>\$8.75 Additional Fee required for a Certificate of Status</div>	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	BUCHHALTER, GUILLERMO	7961 S.W. 6TH ST	N. LAUDERDALE FL 33068
8. Name and Address of Current Registered Agent BUCHHALTER, GUILLERMO 7961 SW 6TH ST. N. LAUDERDALE FL 33068		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code <div style="display: flex; justify-content: space-between;">FL </div>	
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. or 617.0505, F.S. <div style="display: flex; justify-content: space-between;"><div>Signature of Registered Agent </div><div>Date MAY 07 / 2005</div></div> <p style="text-align: center;">REGISTERED AGENT MUST SIGN</p>			
11. 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 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. <div style="display: flex; justify-content: space-between;"><div>SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</div><div>GUILLERMO BUCHHALTER. MAY 07 / 05 Date</div><div>754-368 0658 Daytime Phone #</div></div>			

CR2E040 (7/03)