PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED AND FILED

07 NOV 26 PM 3:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000000996

1. Corporation Name
Anderson Diversified Enterprises, Inc.

~~W07-56807~~

11-28-07

800112334938
11/15/07--01030--001 **1800.00

REINSTATEMENT 96-07

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
5541 S.W 3rd Court	5541 S.W 3rd Court
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Plantation, Florida	City & State: Plantation Florida
Zip: 33317 Country: Broward	Zip: 33317 Country: Broward

4. Date Business Began In Florida

5. F.E.I. Number: 65-0549462 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑

7. Name and Address of Current Registered Agent

Name: LARREL ANDERSON

Street Address (P.O. Box Number is Not Acceptable): 5541 S.W 3rd Court

Suite, Apt. #, Etc.

City: Plantation State: FL Zip Code: 33317

☑ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: Larrel Anderson — Date: 11-12-07

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Monica Moonah	5541 S.W 3rd Court	Plantation, FL 33317
D	LARREL ANDERSON	5541 S.W 3rd Court	Plantation, FL 33317
			800112334938 11/15/07--01030--002 **8.75
			800112334938 11/29/07--01051--004 **56.25
			800112334938 11/29/07--01051--005 **8.75

10. 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 after 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 contained in Chapter 119, 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.

SIGNATURE: Monica Moonah Monica Moonah — 11-12-07 — 954-249-4611

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #