PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION	
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FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P 95 0000 13345

FILED

02 FEB 18 PM 3-04

SECRETARY OF STATE
TALLAH (SSEE FLORID)

1. Corpora	AL CASH	&CAR	(RY, 1	INC.				e, reung,
2. Princip 715 M	Al Office Address VE 44TH CT	3. Mailing (715 N	Office Addres	TH C	T			
Suite, Apt.		Suite, Apt. #	, etc.				porated or Qualified FEB	15,1995
City & State			LAUS		NE, FL	5. FEI Numb		Applied For Not Applicable
	334 Country	333	34	Country		6. CERTIFICAT	E OF STATUS DESIRED \$8.75	Additional Fee required a Certificate of Status
	Street Address (P.O. Box Number is Not Suite, Apt. #, Etc.	BOT et Acceptable)	T1G 1112	- NN	RI V 18T1	1 CT	-03/07/020 ****923,75 97-02(01011-006 -****23.75
	city FORT L	AUDE	RDAL	Æ			State Zip Code FL 333\\	
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the ob- Signature of Registered Agent REGISTERED AGENT MUST SIGN						ligations of secti	on 607.0505 or 617.0503, F.S. Date FEB 14,	2002
9. Names	and Street Addresses of Each Officer and	or Director (Fla	orida nonpro	fit corporation	ns must list at lea	st 3 directors)		
Titles	Name of Officers and/or Directors						City / State	/ Zip
vITIS	TAFFY JOWDY	JR	715	NE 4	14TH C	T	FORT LAUD., FL	- 33334
P	KENNETH JOW	Ka	715 NE 44TH C			T	FORT LAUD., F	L 33334
D	CAMOLSAMAL	1DY 715 NE 44TH			CT	FORT LAUD., F	-L33334	
D	TAFFY JOWDY, S	R	715	NE	44 TH	CT	FORT LAUD-,	FL 33334
					-	• •		

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 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.

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954-491-2330

Daytime Phone #

PAGE 20th

UNIVERSAL CASH & CARRY, INC.

751 NE 44TH COURT FORT LAUDERDALE, FL33334 954-491-2331,954-771-8433(FAX)

RE-INSTATEMENT SECTION DIVISION OF CORPORATION

YOU FIND ENCLOSED AN APPLICATION FOR PROFIT CORPORATION REINSTATEMENT AND A CHECH PAYABLE TO DEPARTMENT OF STATE FOR \$ 923.75 (\$915.00 AS REINSTATEMENT FEES + \$ 8.75 FOR A CERTIFICATE OF STATUS).

AS PER OUR TELEPHONIC CONVERSATION WE CONFIRM THAT WE DID NOT RECIVE YOUR MAIL FOR RENEWALS MIGHT BE BECAUSE SOMETIMES OUR MAIL GO BY MISTAKE TO OUR NEIGHBOUR AT 751 NE 44TH STREET. SO PLEASE CONSIDER THIS LETTER TO REDUCE THE FEES TO \$ 915.00.

THANK YOU FOR YOUR CO-OPERATION.

FEBRUARY 14, 2002

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING



CORPORATION REINSTATEMENT REINSTATEMENT REINSTATEMENT REINSTATEMENT REINSTATEMENT REINSTATEMENT Secretary of State DIVISION OF CORPORATIONS				02 FEB 18 AM 10: 26 SECRETARY OF STATE TALLAHASSEE. FLORIDA					
DOCUMENT # Fagoooo + 800 1. Corporation Name					JAL	August			
	I Office Addre		3. Mailing Offic		<u>.</u>	90	2000506 -203/07/202	4339 -0052	5 015
,			l				//_/***1050/.D	HT (***11)!	50.00
12/34 Suite, Apt. #	Kenwoo	od Lane	(Same) Suite, Apt. #, et		······································	- 		-	
Suite			Suite, Apr. 17, 60	···		4. Date Incor	porated or Qualified iness in Florida	9/13/99	
City & State			City & State	& State		5. FEI Numbe	er		ed For
Fort I	Myers,					61-067	73220	Not /	Applicable
^{Zip} 33907		Country U.S.A.	Zip	,	Country	6. CERTIFICAT	E OF STATUS DESIRED	\$8.75 Additional F for a Certificate	ee required of Status
			7. Na	me and A	ddress of Current Registe	red Agent			_
	Name J	ames Carroll							
	Street Add	ress (P.O. Box Number is No	t Acceptable)						
		2734 Kenwood L	ane						
•	Suite, Apt.								
	City	uite #35				······································	State Zip Code		
		ŧ. Myers,					FL 33907		
8. I, being	appointed the	registered agent of the abov	e named corporation	on, am fan	niliar with and accept the ol	oligations of section	607.0505 ar 617.0503, F	·.s.	
	Signature of Registered Agent Date 2/12/2002 REGISTERED AGENT MUST SIGN								
9. Names	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 Ea Officer and/or Direct	ch or	City /	State / Zip	
DYP/T	James	Carroll		1273	34 Kenwood Lar	ne, Ste.35	Ft. Myers, F	L 3390 <u>7</u>	
D/V/S	Louis	S. Beck		38534	E. Kemper Ro	l	Cincinatti,	<u>он 45249-</u>	1709
			i				1		

D/V Harry Yeaggy 8534 E. Kemper Rd. Cincinatti, OH 45249-1709 D/V Todd Carroll 12734 Kenwood Lane, Ste.35 Ft. Myers, FL 33907

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 when fitting 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.

SIGNATURE:

James Carroll, P.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James Carroll, Pres.

Daytime Phone #

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		DA DEPARTMENT OF S Katherine Harris Secretary of State DIVISION OF CORPORATIONS	02 F	FILED EB 18 PH 12: 17	
DOCUMENT # T		_	SECF TALLA	RETARY OF STATE MASSEE, FLORIDA	
DACH	DEVELOPMENT	CORPORATION	1		MM
2. Principal Office Address 205 Reach	2 uz North	g Office Address	REINST	ATEMENT	00-02
Suite, Apt. #, etc.	Suite, Apt	#, etc.	4. Date Incor	porated or Qualified	
City & State	City & Sta	e	5. FEI Numb		/99 Applied For
Zip 3254) Country	Zip	Country	6.	- 0894993 E OF STATUS DESIRED □ \$8.75 /	Not Applicable Additional Fee required Certificate of Status
	7.	Name and Address of Curren	t Registered Agent	Tora	Certificate of Status
-	NICOLO D. BOX Number is Not Acceptable 205 Beach DESTIN	GOLD DZIVE NO		-03/07/020 ***1050.00 State Zip Code FL 3254)	3296)1052-012 ***1050.00
8. I, being appointed the registered Signature of Registered Agent	agent of the above named co	poration, am familiar with and ac	cept the obligations of secti		CRZE081 (9/01)
9. Names and Street Addresses o	Each Officer and/or Director (lorida nonprofit corporations mu	st list at least 3 directors)		
	Name of and/or Directors	Street Addres Officer and/o		City / State / 2	Zip
Pres. Chaistop	her Lee Batchelo		ich Deive North	DESTIN, FL	32541
Treasure Nicoro D	GULLO	205 Beach	Deine North	Destin, FL	32541
owed by the corporation have be	e reason for dissolution has be en p <u>aid</u> and the names of indiv	en eliminated, the corporate name	e satisfies the requirements ualify for an exemption unde	pter 607 or 617, F.S. I further certi of section 607.0401 or 617.0401, er section 119.07(3)(i), F.S. The inf	F.S. that all fees
SIGNATURE: SIGNATURE A	NOTYPER OR ARINTED NAME O	F SIGNING OFFICER OR DIRECTOR	Y 2-1	11-62 7 (941) Date Daylime F	707-9630 Phone #

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTME Katherine F Secretary of DIVISION OF CORP	Harris f State			021	FILE(FEB 18 Pi	, H 2:48
DOCUMENT # P94	0000142	201			SE(TALL	CHETARY OF AHASSEE, I	STATE FLORIDA
stateline inc		•		-03/	5064 3 	316 1052009 ***1050.1	
2. Principal Office Address	3. Mailing Office Address		LOGENIA II			2	_
6911 MAIN ST	SAME			STATE		()()(-(7
Suite, Apt. #, etc.	Suite, Apt. #, etc.		4. Date Incorpo	rated or Qualified	· · · ·	el colono	desirente de la constante de l
124	City & State	-	To Do Busine				ŀ
Mimmi Cakes	City & State		5. FEI Number 65040	66510		Applied For Not Applicable	
33014 Country DANE	Zip Co	ountry	6.	OF STATUS DESIRE		ional Fee required	
	7. Name and Addre	ess of Current Registe	red Agent				•
Suite, Apt. #, Etc. 12.4 City MIANI LAC. 8. I, being appointed the registered agent of the all Signature of Registered Agent	sT 4		obligations of section	State Zip Co FL 33 n 607.0505 or 617 Date 2/	101F		CR2E081 (9/01)
9. Names and Street Addresses of Each Officer a	nd/or Director (Florida nonprofit c	orporations must list at I	east 3 directors)				
Titles / Name of Officers and/or Directo	rs	Street Address of Eac Officer and/or Direct			City / State / Zip		
P - ADEGINO AGO	tiuko 691	is southly 1	# 124		Lulus	33016	
UP "		9		4			
10. I certify that I am an officer or director or the re	rejuer of trustee emnowered to ex-	vecute this application a	provided for in char	oter 607 or 617 F	S. I further certify the	nat when filing	
this reinstatement application, the reason for a owed by the corporation have been paid and the on this application is true and accurate and most significant and most significant accurate accurat	ssolution has been eliminated, the le names of individuals listed on th	e corporate name satisfi his form do not qualify fo gal effect as if made und	as the requirements r an exemption unde ler oath.	of section 607.040 or section 119.07(3)1 or 617.0401, F.S	s, that all fees nation indicated	

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED

REIN	RPORAT STATEM	IENT	Katheri Secreta	TMENT OF STATE ne Harris ry of State corporations		02 FEB 18 PM 1:49 SECRETARY OF STATE TALLAHASSEE, FLORIDA
4		t Management Se	ervices, Inc.	, ,	HA	
2. Principa	Office Addre	ess	3. Mailing Office Addre	ess	MERA	CTATEMENT AA
2385	Tower	Drive	P.O. Box 7	069	UNEW	STATEMENT 00-02
Suite, Apt. #	t, etc.		Suite, Apt. #, etc.		4. Date incorp	orated or Qualified
City & State			City & State			ness in Florida - 0109–1995
					5. FEI Number	
<u>Naple</u>	s, fL	Country	Naples, F	Lorida Country	6.	65-0546017 Not Applicable
341	04	Collier	34101-7069	Collier	CERTIFICATE	OF STATUS DESIRED S \$8.75 Additional Fee required for a Certificate of Status
9.11	Ĭ	· · · · · · · · · · · · · · · · · · ·	7. Name and	Address of Current Registere	d Agent	
	Name					
				c/o Treiser, Li	.eberfarb,	Collins & Vernon, Chtd.
		lress (P.O. Box Number is No 01 Tamiami Tra		tė 330		
	Suite, Apt.		in the cary but	<u> </u>	- 18 1	0000506430\$ 7
	011	· · · · · · · · · · · · · · · · · · ·				-03/07/0201052 - -007 _{State} ****1058.75 ****1058.75
	City Na	ples,				FL 34103
8. I. being		•	anamed corporation, am fa	amiliar with and accept the oblic	ations of section	607.0505 or 617.0503, F.S. Date 2/(2/02
7/1/00						
Registered Agent REGISTERED AGENT MUST SIGN						
9. Names	and Street A		or Director (Florida nonpro	it corporations must list at leas		
Titles		Name of Officers and/or Directors		Street Address of Each Officer and/or Director		City / State / Zip
D	Gå ma	II	4447	*****		
~U	Stillbsc	on, Harrison M.	444/	Wilder Road		Naples, FL 34105
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this rein owed b	nstatement ap by the corpora	plication, the reason for disso tion have been paid and the n	lution has been eliminated, an each individuals listed o	the corporate name satisfies th	e requirements o exemption under s	oter 607 or 617, F.S. I further certify that when filing f section 607.0401 or 617.0401, F.S., that all fees ection 119.07(3)(i), F.S. The information indicated
SIGNAT		SENATURE AND TYPED OFFER	INTED NAME OF SIGNING	MAAQISON M DEFICER OR DIRECTOR	1 SIMP	50 & 2/8/02 450 <u>5</u> Date Daylime Phone #