PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION** Sandra B. Mortham FOR FILED Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS P95000037870 98 DEC 14 AM 10: 26 DOCUMENT # 1. Corporation Name SECRETARY OF STATE TALLAHASSEE, FLORIDA F.B.F., INC. Principal Place of Business Mailing Address 1318 NW 7 ST 1318 NW 7 ST MIAMI FL 33125 MIAMI FL 33125 If above addresses are incorrect in any way, line through incorrect information and enter correction by the content of the con 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable 05/11/1995 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For City & State City & State 65-0597647 Not Applicable 6 Zip Country Country CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) Name of Officers and/or Directors Title(s) City / State / Zip PD FEINSTEIN, EDWARD 1318 NW 7 ST MIAMI FL 33125 ٧D FELDMAN, MORTIMER 1318 NW 7 ST **MIAMI FL 33125** GRIEFIN: LINDA H SD 1318 NW 7-ST MIAMI FL 33125. 1318NW TTH ST MIAHI, FL 33125 L, BONNER 80 000002720980-****758.75 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent FEINSTEIN, EDWARD Street Address (P.O. Box Number is Not Acceptable) 1318 NW 7 ST Suite, Apt. #, Etc. **MIAMI FL 33125** City State Zip Code 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. 泉EQUIRED Signature of Registered Agent Date REGISTERED AGENT MUST SIGN 11. This corporation owes or has paid the current year (See other side for information on intangible tax.) Intangible Personal Property tax due June 30. Yes L

12. 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 filling 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/10/98 305-3244000