PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THAT PROVE FLORIDA DEPARTMENT OF STATE **APPLICATION** FILED Sandra B. Mortham Secretary of State DIVISION OF CARPORATIONS P95000048960

FOR 1998 DEC 12 AM 9: 01 REINSTATEMENT SECRETARY OF STATE TALLAHASSEE, FLORIDA DOCUMENT # 1 Corporation Name CHERYL HORVATH, INC. 65-0593742 Principal Place of Business Mailing Address 1741 NORTHEAST 37TH STREET 1741 NORTHEAST 37TH STREET FORT LAUDERDALE FL 33334 FORT LAUDERDALE FL 33334 If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, II Applicable 3. New Mailing Office Address, If Applicable Date Incorporated or Qualified
To Do Business in Florida 06/22/1995 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For City & State City & State Not Applicable Zip Country CERTIFICATE OF STATUS DESIRED Jor a Commonte of Status: 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 n HORVATH, CHERYL 1741 NORTHEAST 37TH STREET FORT LAUDERDALE FL 33334 -12/20/96--01108-****375.80 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent HORVATH, CHERYL Street Address (P.O. Box Number is Not Acceptable) 1741 NORTHEAST 37TH STREET FORT LAUDERDALE FL 33334 Sulte, Apt. #, Etc. City 10. I, being appointed the registered agent of the ab , am familiar with and accept the obligations of Section 607.0505, F.S. ove named corporation Signature of Registered Agent REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199,032, Florida Statutes.

(See other aids for information on intangible tax.)

12. I certify that I am an efficer 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 reinstalement 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 118.07(3)(i), F.S. The information is contained. on this application is true and accurate, and my signature shall have the same leggloffect as if made under eath.

SIGNATURE AND TYPED OR PHINTED NAME OF E