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 96 DEC 31 AM 9: 34 DOCUMENT # P95000057678 SECRETARY OF STATE TALLAHASSEE, FLORIDA 1. Corporation Name M. TOMSEY INC Principal Place of Business Mailing Address 2617 N.E. 11TH COURT 2617 N.E. 11TH COURT FT. LAUDERDALE FL 33304 FT. LAUDERDALE FL 33304 If above addresses are incorrect in any way, line through incorrect information and enter correction below 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable 07/24/1995 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For City & State City & State Not Applicable 6. 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 D TOMSEY, MARILYN W 2817 N.E. 11TH COURT FT. LAUDERDALE FL 33304 100002047951---01/07/97--01074--021 ****375.00 ****375.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Flogistered Agent TOMSEY, MARILYN W Street Address (P.O. Box Number is Not Acceptable) 2617 N.E. 11TH COURT FT. LAUDERDALE FL 33304 Suite, Apt. #, Etc. State Zip Code 10. I, being appointed the registered agent of the above named corporation, arm familiar with and accept the obligations of Section 607.0505, F.S. MONIGOUNISM REGISTERED AGENT MUST SIGN 11. Does this corporation pay any intangible tax to the (See other side for information on intengible tax.) Dept. of Revenue under S. 199.032, Florida Statutes. 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 ewed 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 eath.

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