PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

RECEIVED AND FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000058606

1. Corporation Name

BISCAYNE TREATS, INC.

2. Principal Office Address	3. Mailing Office Address
13750 Biscayne Blvd.	13750 Biscayne Blvd.
Suite, Apt. #, etc. #B	Suite, Apt. #, etc. #B
City & State Miami, FL 33181	City & State Miami, FL 33181
Zip 33181 / County ~~BROWARD~~	Zip 33181 / Country

4. Date Incorporated or Qualified To Do Business in Florida: 7/28/95

5. FEI Number: 65-0600573 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Lawrence Weiser

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-09/13/00--01058--013
***1208.75 ***1208.75

Street Address (P.O. Box Number is Not Acceptable): 300 Three ISLANDS BLVD. # 305

Suite, Apt. #, Etc.:

City: HALLANDALE State: FL Zip Code: 33009

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Lawrence Weiser — REGISTERED AGENT MUST SIGN — Date: 8/28/00

CR2E061 (1-95)

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
DP	Lawrence Weiser	300 Three Islands Blvd #305	Hallandale FL 33009
ST	CLAUDETTE WEISER	455 Golden Isles Dr. #103	Hallandale FL. 33009
		REINSTATEMENT 87.50	

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: Lawrence Weiser — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 8/28/00 — Daytime Phone #: (305) 944-5277