FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000076506

1. Corporation Name
Reliable Restoration Inc.

Principal Place of Business / Mailing Address
1100 NE 125th Street
Suite 209
Miami, FL 33161

3. Date Incorporated or Qualified: 10/5/95
3a. Date of Last Report:

2. Principal Place of Business
21: 1100 NE 125th Street
22 Suite, Apt. #, etc: Suite 209
23 City & State: Miami, FL
24 Zip: 33161 25 Country: USA

2a. Mailing Address
26: 1100 NE 125th Street
27 Suite, Apt. #, etc: Suite 209
28 City & State: Miami, FL
29 Zip: 33161 30 Country: USA

4. FEI Number: 65-0614348 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
Stephen Levenson
780 NE 69th Street
Apt 2402
Miami, FL 33138

10. Name and Address of New Registered Agent
81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 1800 NE 114th Street
83: Apt 509
84 City: Miami FL 85 Zip Code: 33181

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Stephen Levenson — Stephen Levenson, Vice President — DATE: 1/29/96
(Signature(s) and typed or printed name of registered agent and title if applicable) (Registered Agent Signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Rona Levenson 780 NE 69th Street, Apt 2402 Miami, FL 33138	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Stephen Levenson 780 NE 69th Street, Apt 2402 Miami, FL 33138	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	1800 NE 114th Street, Apt 509 Miami, FL 33181	☒ Change ☐ Addition
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	1800 NE 114th Street, Apt 509 Miami, FL 33181	☒ Change ☐ Addition
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

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CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Rona Levenson — Rona Levenson, President — 1/29/96 — (305) 891-0559
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Area Code & Daytime Phone Number