PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE APPLICATION Katherine Harris **FOR** Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS FILED. **DOCUMENT#** 02 MAR 21 PM 12: 27 1. Corporation Name SECRETARY OF STATE PERMITS, ETC. NO. 2, INC. Mailing Address Principal Place of Business 630-EAST OCEAN AVENUE 639 EAST OCEAN AVENUE -SUITE 4087 SLUTE 40R BOYNTON BEACH-FL 33435 BOYNTON-BEACH FL 33435 If above addresses are incorrect in any way, line through incorrect information and enter correction below. Date Incorporated or Qualified To Do Business in Florida 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable 12541 WOODANIC DR 2541 WODENICC 11/17/1995 Suite, Apt. #, etc. 5. FEI Number -.... Applied For 65-0648088 Not Applicable GARdens. \$8.75 Additional Fee required CERTIFICATE OF STATUS DESIRED for a Certificate 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 Name of Officers City / State / Zip and/or Directors Title(s) BOYNTON BEACH FL 33435 1115 NORTH FEDERAL HIGHWAY DELUCA, MICHAEL - PVST ROYNTON BEACH FL 33435. 1115 NORTH FEDERAL HIGHWAY -D- -DELUCA, MICHAEL PACE BURGALISTED 12541 Woodnice DR. 4300 WHITE FEATER TRAIC 33436 ***1050.00 ***1050.00 9. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent WOOLLEY, THOMAS J JR Street Address (P.O. Box Number is Not Acceptable) 12541 WOODMILL DR Suite, Apt. #, Etc. PALM BCH GARDENS FL 33418 State Zip Code City 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. Registered A REGISTERED AGENT MUST SIGN 11. 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.

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