PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 OCT 22 AM 9:01

03/25/08 01017 003 $50
03/25/08 01017 002 $55.00
03/25/08 01017 007 350.00

DOCUMENT # P95000095051

1. Corporation Name
Boss Man Management

CR2E081 (12/07)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
919 4th Street	919 4th Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami Beach, FL	City & State: Miami Beach, FL
Zip: 33139 Country: United States	Zip: 33139 Country: United States

4. Date Incorporated or Qualified To Do Business In Florida: 12/13/1995

5. FEI Number: 650739548 ☑ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: David Bercuson
Street Address (P.O. Box Number is Not Acceptable): 9130 S. DADELAND BLVD
Suite, Apt. #, Etc.: STE 1800
City: Miami State: FL Zip Code: 33156

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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: [signature] 10/14/08 REGISTERED AGENT MUST SIGN Date: 2/4/2008

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
D	Theodore R. Lucas Jr.	919 4th Street	Miami Beach, FL 33139

10/23/08 P 10/23/08
REINSTATEMENT 04-08

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 contained in Chapter 119, 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: [signature] 2/4/2008 305-535-7595
SIGNATURE AND TYPED OR PRINTED NAME OF ELECTING OFFICER OR DIRECTOR — 10/14/08 Date — Daytime Phone #