PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION** Sandra B. Mortham FOR مر Secretary of State FILED REINSTATEMENT DIVISION OF CORPORATIONS DOCUMENT # 98 AUG 18 AM 9: 00 1. Corporation Name SECRETARY OF STATE TALLAHASSEE, FLORIDA REINSTATEMENT 97-98 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 Date Incorporated or Qualified
 To Do Business in Florida Suite, Apt. #, etc. Suite, Apt #, etc. 5. FEI Number Applied For City & State City & State Zip 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) Name of Officers and/or Directors Street Address of Each Officer and/or Director
(Do NOT Use Post Office Box Numbers) Title(s) City / State / Zip OLD OAK CIRCE PALM HARBOR FL 34648 DUNEDIN FR 34698 TERESA CINTRON MARJON AVE #6308 DUNEDIN FR. 34698 BIAGIO CAIAZZA 2700 BAYSHORE BLUD 400002621344---3 --08/20/98--01085--003 ****900.00 ****900.00 B. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent BIAGIO CIAZZA Name 2700 BAYSHORE BUD #6308 Street Address (P.O. Box Number is Not Acceptable) DUNEDIN FZ 34698 Suite, Apt. #. Etc. State Zip Code 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. 11. This corporation owes or has paid the current year (See other side for information on intangible tax.) Intangible Personal Property tax due June 30. 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 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.

BIAGIO CAIAZZA 6-11-98 127-449-92

JERFAND TYPED OR PRINTED HOME OF SIGNING OFFICER OR DIRECTOR

Date

Date

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