PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	•							_		3.35			
CORPORATION REINSTATEMENT			FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS			02 PEC -5 SET 10: 37 SECRETARY OF STATE TALLARISE OF TO YOUR							
DOCUMENT # 7960000 25464 1. Corporation Name									Virginian S. 11. 11.				
DEA	ANDRA	* Er	ITERPA	LISES	GROU	1P, 1N	JC .						
	al Office Addres		D A .c	3. Mailing Office Address 520 E. 21 ST ST				PRINCIPATEMENT 98-02					
38185.W. 52ND AVE.													
Suite, Apt. #, etc.				Suite, Apt. #, etc.				4. Date Incorporated or Qualified To Do Business in Florida 3-22-96					7
City & State				City & State BROOKLYN N.Y.				5. FEI Numbe			1	plied For	1
HOLLYWOOD FLA.						٠٩.	65-0659224			No	ot Applicable	,	
33 o 2	023 Country USA		11226		Country	A	6. CERTIFICATI	OF STATUS DES			al Fee require ite of Status		
				7. 1	lame and Ad	ddress of Cur	rent Register	ed Agent					
	Name RONAUD GORDON Street Address (P.O. Box Number is Not Acceptable) 3818 S.W. 52 ND AUE. Suite, Apt. #, Etc. City HOLLYWOOD State Zip Code FL 33.023												
8. I, being	appointed the					miliar with and	d accept the ob	oligations of secti	1 1	3023 617.0503, F.S.	>		(9/01)
Signature of Registered			Ma S	GISTERED AG	ENT MUST	SIGN		<u></u>	Date D	BC. 2	, 2 C	02	CR2E081 (9/01)
9. Names	and Street Add	dresses of Ea	ach Officer and	or Director (Flo	rida nonprof	it corporations	must list at le	ast 3 directors)	-				1
Titles	Name of Officers and/or Directors				,		dress of Each		City / State / Zip				1
DIRECTO	RONALD A. GORDON				3818	S.W.	52~0	AVE HOLLYWOOD, FLA. 330			3023		
SIRECTOR.	BARBARA L. GORDON			520 E. 215T ST.				BPOOKLYN N.Y. 11226				_	
)IRBC TON	Done	NA	. Gordo	n (Jours)	31 SM	итн Д	NB. OLD	HARBOUN	SI, CATHE	RINR , J	AMAI	cA . الله . <u>آ</u>	<u></u> -
HRECTOR	MICHBUR A LAWRENCE				520 E. 21 ST ST.				BROOKLYN, N.Y. 11226				-
li .													
this rein owed b	nstatement app y the corporation	lication, the r on have beer	eason for disson paid and the narate, and my sig	lution has beer ames of individ mature shall ha	eliminated, uals listed or ve the same	the corporate r n this form do r legal effect as	name satisfies not qualify for a if made under		of section 607.0 er section 119.0	0401 or 617.0401 7(3)(i), F.S. The i	1, É.S., tha information	at all fees n indicated	
SIGNAT		NATURE AND	TYPED OR PRIN	NALD ITED NAME OF			TOR D	EC. 2/	2002 Date		65 4 e Phone #	586	1

N 12/10