PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE APPLICATION Sandra B. Mortham 悄悄 FOR Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS sa sta 20 701**10:** 57 P960000 28500 DOCUMENT # 1. Corporation Name PacesetteRS or BRANDM, Inc Principal Place of Business 705 Forest Hills DP 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 Country Country 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 DONNA LAYTART 705 FOREST HIlls DR.
DAVID LAYTART 705 FOREST HILLS DE BEANDON Fl 33510 100002654811--4 -10/02/98--01094--019 ****300,00- ****300,00 ****600.00 ****600.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Donna LAYTART 105 Forest Hills De BRANDON, Pl 33510 Street Address (P.O. Box Number is Not Acceptable) 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. Registered Agent This corporation owes or has paid the current year (See other side for information Yes 💹 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 filling 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.

SIGNATURE: DOTTO REPRESENTATION OFFICER OR DIRECTOR R. LAYTHET 8-30-98 484-8383

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