PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 APR 23 PM 12:26
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P96000049364

1. Corporation Name
Conatus Secundus Holdings, Inc.

2. Principal Office Address	3. Mailing Office Address
429 Seabreeze Blvd.	429 Seabreeze Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
226	Suite 226
City & State	City & State
Fort Lauderdale, FL	Ft. Lauderdale FL
Zip / Country	Zip / Country
33316 / USA	33316 / USA

4. Date Incorporated or Qualified To Do Business in Florida: June 1996

5. FEI Number: 650673010 (Applied For / Not Applicable)

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

000004212450--3
-05/11/01--01108--013
***1200.00 ***1200.00

Name: John Tomaselli

Street Address (P.O. Box Number is Not Acceptable): 1500. Cordova Road

Suite, Apt. #, Etc.: Suite 202

City: Fort Lauderdale | State: FL | Zip Code: 33316

REINSTATEMENT 960

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: _____ Date: 19 APR 01

REGISTERED AGENT MUST SIGN

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
PID	James F. Stebbins	1792 Route 106 Muttontown, NY	Muttontown, NY 11791
VD	Cynthia Stebbins	179.2 Route 106 Muttontown, NY	Muttontown, NY 11791
SD	Lawrence Brennan	176 Christol Street	Metuchen, NJ 08840
AV	Tracy L. Oldakowski	1141 NE 17th Ave. #11	Ft. Lauderdale, FL 33304
ATS	Bernadette Sheehan	58 Greenlawn Ave	Seacliff, NY

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 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: Tracy L Oldakowski — Tracy L. Oldakowski — 4/19/01 — (954) 523-2032

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #