PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 AUG 30 AM 11:21

CORPORATION REINSTATEMENT

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

DOCUMENT # P96000081476

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***1350.00 ***1350.00

REINSTATEMENT 97-01

1. Corporation Name
EIBAR COA, INC.

2. Principal Office Address	3. Mailing Office Address
3398 LINCOLN WAY	3398 LINCOLN WAY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: COOPER CITY, FL	City & State: COOPER CITY, FL
Zip: 33026 Country: BROWARD	Zip: 33026 Country: BROWARD

4. Date Incorporated or Qualified To Do Business in Florida: 10/02/96 SP

5. FEI Number: 65-0707594 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: EIBAR COA

Street Address (P.O. Box Number is Not Acceptable): 3398 LINCOLN WAY

Suite, Apt. #, Etc.:

City: COOPER CITY State: FL Zip Code: 33026

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] REGISTERED AGENT MUST SIGN Date: AUG 20 - 01

CR2E051 (9/00)

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
P	EIBAR COA	3398 LINCOLN WAY	COOPER CITY, FL 33026

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: [signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 10 - 01 Date

(954) 4301749 Daytime Phone #