PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
00 AUG 23 AM 11:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000087347

1. Corporation Name
VARIETY BEEPERS, INC.

2. Principal Office Address
11885 ROYAL PALM BLVD
Suite, Apt. #, etc.
201
City & State
MIAMI FL
Zip 33065 Country DADE

3. Mailing Office Address
Suite, Apt. #, etc.
City & State
Zip Country

REINSTATEMENT 97-00

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number
65-0706360
☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $9.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

600003386566--2
-09/08/00--01052--013
****200.00 ****200.00

Name
REINA M. AGUILAR
Street Address (P.O. Box Number is Not Acceptable)
11885 ROYAL PALM BLVD SUITE 201
Suite, Apt. #, Etc.
SUITE 201
City
CORAL SPRINGS FL
State FL Zip Code 33065

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 Reina Aguilar Date 08-22-00
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
P.D.	REINA M AGUILAR	11885 ROYAL PALM BLVD SUIT201	MIAMI FL 33065
			600003386566--2 -09/08/00--01052--014 ****500.00 ****500.00
			600003386566--2 -09/08/00--01052--015 ****500.00 ****500.00

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: Reina Aguilar 08-22-00 1954 575 9300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #