PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 SEP -8 AM 8:00

DOCUMENT # P96000102905

1. Corporation Name
CNC HAUS, INC.

500021234825
07/01/03--01015--003 **308.75

REINSTATEMENT 02-03

2. Principal Office Address	3. Mailing Office Address
3267 SW 14TH PLACE	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
BOYNTON BEACH FL	
Zip: 33426 Country: USA	Zip: Country:

4. Date Incorporated or Qualified To Do Business in Florida: 01/01/97

5. FEI Number: 65-0715363 ☐ Applied For ☐ Not Applicable

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

MRS

7. Name and Address of Current Registered Agent

Name: Tibor Krogman

Street Address (P.O. Box Number is Not Acceptable): 6769 Silver Ridge Lane

Suite, Apt. #, Etc.:

City: Greenacres State: FL Zip Code: 33413

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: Ileana Krogman Tibor Krogman Date: 06/24/03

REGISTERED AGENT MUST SIGN

CR2E061 (10/02)

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
D	KROGMAN, TIBOR	6769 SILVER RIDGE LANE	GREENACRES, FL 33413
D	KROGMAN, ILEANA	6769 SILVER RIDGE LANE	GREENACRES, FL 33413

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: Ileana Krogman VP 7/18/03 (561) 737-1545

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

In reply to: P96000102905

Department of State
Division of Corporations
P. O .Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

This letter is to let you know we did not receive the pertinent application for the Corporation for the year 2002 and 2003, for which we are asking you to accept the check in the amount of 308.75 that includes the certificate of status.

If you have any question please do not hesitate to let me know (561) 737-1545.

Respectfully,

Tibor Krogman
President
CNC HAUS, INC.

3267 SW 14TH PLACE
BOYNTON BEACH, FL 33426