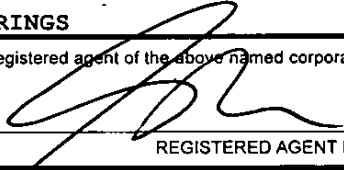
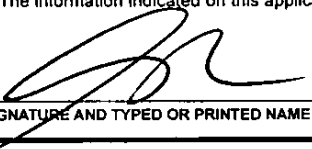


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 05 FEB -2 AM 11:55 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT #. P97000001273 1. Corporation Name EDMORE INTERNATIONAL, INC.					
2. Principal Office Address 1750 UNIVERSITY DRIVE Suite, Apt. #, etc. SUITE 215 City & State CORAL SPRINGS FL Zip 33071		3. Mailing Office Address 1750 UNIVERSITY DRIVE Suite, Apt. #, etc. SUITE 215 City & State CORAL SPRINGS FL Zip 33071		REINSTATEMENT 99-05 MRS 4. Date Incorporated or Qualified To Do Business in Florida 01/01/1997 5. FEI Number 65-0723115 6. ☐ CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent Name EDWARD PAWLAK Street Address (P.O. Box Number is Not Acceptable) 1750 UNIVERSITY DRIVE Suite, Apt. #, Etc. SUITE 215 City CORAL SPRINGS					
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 X  EDWARD PAWLAK Date X 1/1/05 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		
D	EDWARD PAWLAK	1750 UNIVERSITY DRIVE, #215	CORAL SPRINGS FL 33071		
VP	HENRIET PAWLAK	6120 NW 122 TERRACE	CORAL SPRINGS FL 33076		
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: X  X EDWARD PAWLAK X 1/1/05 (954) 341-2468 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					