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.

REINSTATEMENT 99-05 MRS

2. Principal Office Address	3. Mailing Office Address
1750 UNIVERSITY DRIVE	1750 UNIVERSITY DRIVE
Suite, Apt. #, etc.: SUITE 215	Suite, Apt. #, etc.: SUITE 215
City & State: CORAL SPRINGS FL	City & State: CORAL SPRINGS FL
Zip: 33071 Country: US	Zip: 33071 Country: US

4. Date Incorporated or Qualified To Do Business in Florida: 01/01/1997

5. FEI Number: 65-0723115 ☐ 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

Name: EDWARD PAWLAK

000046708810
02/16/05--01050--015 **165[illegible].00

Street Address (P.O. Box Number is Not Acceptable): 1750 UNIVERSITY DRIVE

Suite, Apt. #, Etc.: SUITE 215

City: CORAL SPRINGS State: FL Zip Code: 33071

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 _____ Date X 1/1/05

REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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 #

STF FL32524F.1