IT OF STATE FILED DOCUMENT # P97000005944 99 NOV -1 AM 8: 29 1. Corporation Name SECRETARY OF STATE TALLAHASSEE, FLORIDA ROBWIN SALES, INC. Principal Place of Business Mailing Address 2001 UNIVERSITY DRIVE STE 205 2001 UNIVERSITY DRIVE 8TE 205 CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33065 If above addresses are incorrect in any way, line through incorrect information and enter correction below 2 New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable Date Incorporated or Qualified
 To Do Business in Florida 01/15/1997 Suite Ant. #. etc. Sulte. Apt. #. etc. 5. FEI Number Applied For City & State City & State 65-079 1595 Not Applicable 6. \$8.75 Additional Fee require for a Certificate of Status Zip Country Country CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director Title(s) City / State / Zio PD WINTER, ROBERT 2801 UNIVERSITY DRIVE STE 205 CORAL SPRINGS FL 33065 300003038613--11/08/99--01123--015 ****150.00 ****150.00 SP 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name SCHWARTZ, JAY A Street Address (P.O. Box Number is Not Acceptable) 2801 UNIVERSITY DRIVE STE 205 Sulte, Apt. #, Etc. **CORAL SPRINGS FL 33065** City Zio Code with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent GENT MUST SIGN 11. I certify that I am an office or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S.1 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. SIGNING OFFICER OR DIRECTOR

ONS BEFORE COMPLETING THIS FORM.

Florida Dept. of State RE: FEI #65-0791595

Gentlemen

PLEASE BE Advised We Never Received

First OR Second Notification of MONIES due on

ANNUAL CORPORATE PAYMENT.

We are asking that you wave any penalty fees under the encounstances. Enclosed is a check in the amount of \$150.00, plus application for reinstatement of the Corporation.

your cooperation IN this problem is greatly

Veryteuly yours,