PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE APPLICATION Sandra B. Mortham HIED FOR Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS 98 NOV 30 AM 8: 03 P97000009668 DOCUMENT # SECRETARY OF STATE 1. Corporation Name BEST DECKS OF FLORIDA, INC. Principal Place of Business Mailing Address 2800 &W. 148TH AVENUE 2800 S.W. 148TH AVENUE DAVIE FL 33330 DAVIE FL 33330 If above addresses are incorrect in any way, line through incorrect information and enter correction below 2. New Principal Office Address, If Applicable Same 3. New Mailing Office Address, If Applicable Date Incorporated or Qualified
To Do Business in Florida same 01/27/1997 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For City & State City & State 65-0803969 \$8.75 Additional Fee requir Country Country CERTIFICATE OF STATUS DESIRED [for a Certificate of Stafus 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) Name of Officers and/or Directors City / State / Zip 2800 5W 148 ave. Davie, FI, 33330 Russell V Bass PKES. <u> 500002703455-</u> -12/04/98--01078--008 ***4***\$750.00 ****750.00 REINSTATEME 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent BASS, RUSSELL J Street Address (P.O. Box Number is Not Acceptable) 2800 S.W. 148TH AVENUE Suite, Apt. #, Etc. DAVIE FL 33330 10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. DESESOURED Signature of Registered Agent REGISTERED AGENT MUST SIGN 11. This corporation owes or has paid the current year (See other side for information on intangible tax.) Intangible Personal Property tax due June 30. Yes l No I 12. 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 filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401, 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. 55ell J Bass 11-24-98 Date Daytime Phone # SIGNATURE:

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