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Dec-30-2005 03:38pm From-RUDEN MCCLOSKY 17 FL ST 9547644996 T-671 P.002/002 F-716

APPROVED
AND
FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

05 DEC 30 PM 3:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000029174

1. Corporation Name

The Las Olas Carriage Trade Emporium, Inc.

2. Principal Office Address	3. Mailing Office Address
435 Mola Avenue	435 Mola Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ft. Lauderdale	City & State: Ft. Lauderdale
Zip: 33331 Country: USA	Zip: 33331 Country: USA

CR2E081 (8/05)

4. Date Incorporated or Qualified To Do Business In Florida: 04/01/97

5. FEI Number: 65-0745513 ☐ 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: Bruce Alan Blackwell

Street Address (P.O. Box Number is Not Acceptable): 435 Mola Avenue

Suite, Apt. #, Etc.:

City: Ft. Lauderdale State: FL Zip Code: 33331

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: Bruce A Blackwell Date: 12/30/05

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,P,T	Bruce Alan Blackwell	435 Mola Avenue	Ft. Lauderdale, FL 33331
D,VP,S	Brandon Mayhew Wight	435 Mola Avenue	Ft. Lauderdale, FL 33331

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: Bruce A Blackwell 12/30/05 954-525-5353

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

H05000295471 3

K. Eckel DEC 30 2005

Florida Department of State
Division of Corporations
Public Access System

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To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : RUDEN, MCCLOSKY, SMITH, SCHUSTER & RUSSELL, P.A.
Account Number : 076077000521
Phone : (954)527-2428
Fax Number : (954)333-4001

CORPORATION REINSTATEMENT

THE LAS OLAS CARRIAGE TRADE EMPORIUM, INC.

Certificate of Status	1
Certified Copy	0
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