PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000037852

1. Corporation Name

EDC POMPANO, INC.

REINSTATEMENT 99-00

2. Principal Office Address	3. Mailing Office Address
One Pompano Square	One Pompano Square
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pompano Beach, FL	City & State: Pompano Beach, FL
Zip: 33062 Country:	Zip: 33062 Country:

4. Date Incorporated or Qualified To Do Business in Florida: 4/24/97

5. FEI Number: 65-0750330 / 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: Matthew Zifrony, Esq.

Street Address (P.O. Box Number is Not Acceptable): c/o Tripp Scott, P.A. 110 SE 6th Street

Suite, Apt. #, Etc.: 15th Floor

City: Ft. Lauderdale State: FL Zip Code: 33301

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 _____ Date 11/21/00

REGISTERED AGENT MUST SIGN

CR2E051 (9/98)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Bass, Dennis	30846 Broad Beach Road	Malibu, CA 90265
DPST	Bass, Darla	30846 Broad Beach Road	Malibu, CA 90265
D	Kero, Harri	228 West Main Street	Tustin, CA 92680

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: Darla Bass Darla Bass, Pres. 11/21/00 310-230-6700 AD

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

Florida Department of State

Division of Corporations

Public Access System

Katherine Harris, Secretary of State

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To:
Division of Corporations
Fax Number : (850)922-4004

Attn: Sue Deverson
#990606.0001

From:
Account Name : TRIPP, SCOTT, CONKLIN & SMITH
Account Number : 075350000065
Phone : (954)525-7500
Fax Number : (954)761-8475

CORPORATION REINSTATEMENT

EDC POMPANO, INC.

Certificate of Status	0
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