PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
01 AUG 20 AM 8:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000039072

1. Corporation Name
LOBBY SHOPPE OF SOUTH FLORIDA, INC.

REINSTATEMENT 10-01

2. Principal Office Address	3. Mailing Office Address
580 JEFFERSON DR	
Suite, Apt. #, etc.: UNIT #116	Suite, Apt. #, etc.: SAME
City & State: DEERFIELD BEACH, FL	City & State:
Zip: 33442 Country: BROWARD	Zip: Country:

4. Date Incorporated or Qualified To Do Business in Florida: 5-1-97

5. FEI Number: 650749280 ☐ 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: Lawrence S. Wolper

700045598771--1
-08/28/01--01053--010
****900.00 ****900.00

Street Address (P.O. Box Number is Not Acceptable): 580 Jefferson Drive

Suite, Apt. #, Etc.: Unit #116

City: Deerfield Beach State: FL Zip Code: 33442

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: Lawrence S Wolper Date: 8-16-01
REGISTERED AGENT MUST SIGN

CR2E061 (9/00)

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
PRES	LAWRENCE S WOLPER	580 JEFFERSON DR #116	DEERFIELD BEACH FLORIDA 33442
SEC	L. SANDRA WOLPER	580 JEFFERSON DR #116	DEERFIELD BEACH FLORIDA 33442
			LS

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: Lawrence S Wolper 8-16-01 954 3600840
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #