PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
04 MAY -7 PM 9:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

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

W04000051818

REINSTATEMENT 98-04
100033097121
04/13/04--01074--020 **1500.00

DOCUMENT # P97000069694

P97000069694

1. Corporation Name
AU-BI, INC.

2. Principal Office Address	3. Mailing Office Address
223 S FEDERAL HIGHWAY	223 S. FEDERAL HIGHWAY
Suite, Apt. #, etc. APT 47	Suite, Apt. #, etc. APT 47
City & State DANIA, FLORIDA	City & State DANIA, FLORIDA
Zip: 33004 Country: BROWARD	Zip: 33004 Country: BROWARD

4. Date Incorporated or Qualified To Do Business In Florida: 08/12/97

5. FEI Number: 65-0785086 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $30.00 (additional copies are $1.25 each)

7. Name and Address of Current Registered Agent

Name: MICHEL BIGRAS

000027046598
05/24/04--01088--002 **158.75

Street Address (P.O. Box Number is Not Acceptable): 223 SOUTH FEDERAL HIGHWAY

Suite, Apt. #, Etc.: APT 47

City: DANIA | State: FL | Zip Code: 33004

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: [signature] Date: 09/09/03

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
DP	MICHEL BIGRAS	223 S. FEDERAL HIGHWAY APT 47	DANIA, FL. 33004
DVP	CECILE AUBE	223 S FEDERAL HIGHWAY APT 47	DANIA, FL. 33004

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: [signature] 09/09/03 954-923-5511

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