PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM 11: 26 SECRETARY OF STATE TALLAHASSEE, FLORIDA FLORIDA DEPARTMENT OF STATE CORPORATION Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS S. 98.08 DOCUMENT # P97000099387 f. Corporation Name LINKS UNLIMITED, INC. REINSTATEMENT 95.08 3. Mailing Office Address 2. Principal Office Address - No P.O. Box # 1908 TIGERTAIL BLVD 1908 TIGERTAIL BLVD Suite, Apt. #, etc. Suite, Apt. #, etc. Date Incorporated or Qualified To Do Business in Florida 11/21/1997 City & State City & State 5. FEI Number Applied For DANIA BEACH, FL DANIA BEACH, FL Not Applicable Zio Zip Country 6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status 33004 LISA USA $\mu_{co} \varepsilon \varepsilon$ 7. Name and Address of Current Registered Agent Name The reinstatement fee is imposed, except in JED ELIAS circumstances which the entity did not receive Street Address (P.O. Box Number is Not Acceptable)
1908 TIGERTAIL BLVD the prior notices. By checking this box, you are certifying the prior notices were not Suite, Apt. #. Etc. received and requesting the reinstatement fee be waived. Zin Code State DÁNIA BEACH FL 33001 B. I, being appointed the registered agent of the bi ove named corporation, orn familiar with and accept the obligations of section 607.0505 or 617.0503. F.S. Signature of Date 2/22/08 Registered Agent REGISTERED AGENT MUST SIGN 9. 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 Name of Officers and/or Directors Titles City / State / Zin JED ELIAS **AVENTURA FL 33180** 3009 NE 207TH TER 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 807 or 617, F.S. I further certify that when fling 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 contained in Chapter 119, 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 cath. 2/22/08

Date

Daytime Phone #

SIGNATURE:

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR