PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE APPLICATION Sandra B. Mortham **FOR** Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS 98 SEP 30 IM 11.30 P97010100433 Unknown DOCUMENT # 1. Corporation Name Kissavos . Holdings, IhC. Mailing Address Kathy Maggas 1002 Del Harbor Dr. Beach FL 33483-6510 If above addresses are incorrect in any way, line through incorrect information and enter correction below. 3. New Mailing Office Address, If Applicable 2. Now Principal Office Address, If Applicable 4. Date Incorporated or Qualified To Do Business in Florida 12-01-97 Suite, Apt. #, etc. Suite, Apl. #, etc 5. FEI Number Applied For 65-0823926 City & State City & State Not Applicable \$8,75 Additional Fee required Zip Country Country CERTIFICATE OF STATUS DESIRED for a Certificate of Status 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director
(Do NOT Use Post Office Box Numbers) Titlo(s) City / State / Zip maggas Kuthy Deliay Beach 1002 Del Henbor Dr. 33483 P **400000070555757** 9. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent Name (505 Perchem Street Address (P.O. Box Number is Not Acceptable) 440 E. Sample Rd. Suite, Apt. #, Etc. #1 202 Suite Pompano Beach 10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607,0505, F.S. Signature of Date REGISTERED AGENT MUST SIGN Does this corporation pay any intangible tax to the (See other side for information on intangible tax.) Dept. of Revenue under S. 199.032, Florida Statutes. Yes No 12. 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 oliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation/riave 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 eath. SIGNATURE AND TYPED GNING OFFICER OR DIRECTOR

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