PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 NOV 15 PM 6:25
SECRETARY OF STATE
TALLAHASSEE FLORIDA

REINSTATEMENT 01-02

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11/15/02--01096--017 **908.75

DOCUMENT # P94000104322

1. Corporation Name
MISSFITS.COM INC.

2. Principal Office Address	3. Mailing Office Address
1431 NW 24TH TERRACE	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	BOX 5006
City & State	City & State
FORT LAUDERDALE FL	FORT LAUDERDALE FL
Zip / Country	Zip / Country
33311 USA	33310 USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 65-0799878 ☐ 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
SIDNEY PRICE

Street Address (P.O. Box Number is Not Acceptable)
1431 NW 24TH TERRACE

Suite, Apt. #, Etc.

City: FORT LAUDERDALE | State: FL | Zip Code: 33311

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 11-15-02

REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

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
P	SIDNEY PRICE	1431 NW 24TH TERRACE	FORT LAUDERDALE FL 33311
VP	WILLIE HUNTER	1315 SIMPSON ROAD	ATLANTA GA 30314

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: _____ 11-15-02 954-731-7999

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

11/20