| ·   | PLEASE READ   | ALL INSTRUCT   | TIONS BEFORE (  | COMPLETIN                           | G THIS FOR                                      | <br>⊰M. ∎                                      |                        |
|---|---|--|---|-------------------------------------|---|--|------------------------|
| REIN TOTE   | TON A A   | Kathe<br>Secret  | ARTMENT OF STATE<br>erine Harris<br>tary of State   |                                     |   | 1  | or z                   |
| DOCUMEN.  | T# PATOX  | ) 100666   | F CORPORATIONS  | 60                                  | LEB to co.                                      | 13: 53   |                        |
| 1. Corporation Name<br>STONEHILL & ASSOCIATES, INC.                         |   |  |   |                                     |   |  |                        |
| •   | •   | •  |   | 1,,                                 | Etylik akasint                                  | C. A. S. T.                                    |                        |
| Principal Place of Busine 44400 N Fo  | EDERAL HWY  | Mailing Address P. O. BC                                 | x 7049  |                                     |   |  |                        |
| SUITE 21<br>BOND DATA   | N,F+ 33431  |  | RATON FI3541  |                                     |   |  |                        |
| If above addresses are 2. New Principal Office                              | incorrect in any way, line thr                                    | ough incorrect information  3. New Mailing Office A      | and enter correction below.   | L d foul l                          |   | r y  |                        |
| Suite, Apt. #, etc.   | EDERAL HWY  | Suite. Apt #, etc.                                       | / ¬ ()//  | Date Incorporate     To Do Business |   | 10/97  | <u></u>                |
| City State A  | ATON, FC  | SOCA RATE  | N.FL  | 5 El Number<br>65-079               | 18699   | <b> </b>                                       | lied For<br>Applicable |
| 7 Names and Street Art  | PALM BEACH  | <sup>z</sup> 33431                                       | PALM BEACH  of the corporations must list at lea  | CERTIFICATE OF                      | STATUS DESIRED                                  | \$8.75 Additional F for a Certificate          |                        |
| Title(s)  | Name of Officers<br>and/or Directors                              |  | Street Address of Each<br>Officer and/or Director<br>Do NOT Use Post Office Box N                         |                                     | City  | / / State / Zip                                |                        |
| PRES MARTI  | N M. SCARAG   |  | N. OCEAN BL   | ·                                   | BOCH RAT  | 511 F3 3                                       | ~                      |
|   |   | .40  | 100110  | (1)                                 | NGT NAT   | 011,123  | ) <i>\{ \( \)</i>      |
|   |   | · · · · · · · · · · · · · · · · · · ·                    |   | 5.D0                                | 375000  |  |                        |
|   |   | <u> </u>   |   |                                     | -02/25/99<br>****300.                           | 01100 <b></b> 0                                |                        |
|   |   |  |   |                                     |   |  |                        |
|   |   |  |   | ļ                                   |   |  |                        |
| 8. Nam  | e and Address of Current F  | Registered Agent   |   | 9. Name and Addre                   | ess of New Register                             | red Agent                                      |                        |
|   | 4. SCHRAGE  |  | Name MAR<br>Street Address (P   | TIN H<br>O Bax Number is Na         | SARIO A   | <u>=</u> =7?                                   |                        |
| BOCA RA   | OCEAN BL  | OD.  | Suite, Apt. #. Etc  | N 00                                | EAW BO  | - UD   |                        |
|   | Λ' /  | 343/   | CHBOCH  | RATON                               | ,<br>F  | tate Zip Code                                  | 3/                     |
| Signature of Registered Agent   | registered agent of the roov                                      | ve name/rovrporation, am f                               | amiliar with and accept the obl   |                                     | 07.0505, F.S ;                                  | 99   |                        |
| /_  | ration owes the   | GISTERED AGENT MUST                                      | SIGN  |                                     | Date O // V/                                    |  | -06-                   |
| ntangible   | Personal Propert  | y Tax due June   | 30. Yes [   | □ No KI                             | (See olher<br>on ii                             | side follinformation                           | , O(° (                |
| 12 I certify that I am an of this reinstatement applowed by the corporation | ficer or director or the receive lication, the reason for dissoli | er or trustee empowered to<br>ution has been eliminated, | execute this application as pro<br>the corporate name satisfies the<br>in this form do not qualify for an | ovided for in chapter 6             | 607 or 617, F.S. I furt<br>clian 607,0401 or 61 | her certify that wher<br>7.0401, F.S., that at | n filing<br>I fees     |
| on this application is tr   | ue and accurate, and my sign                                      | native shall have the same                               | n this form do not qualify for ar<br>legal effect as if made under c                                      | n exemption under se<br>path.       | ction 119 07(3)(i), F.                          | S The information i                            | ndicated               |
| SIGNATURE:  | Mal   |  | <u></u>   | 21                                  | 16/99   | 561-391-4                                      | 1666                   |
| sig   | WARTIN M  | TED NAME OF SIGNING OFFI                                 | CER OR DIRECTOR   |                                     | Date  | Daytime Phone #                                |                        |

## STONEHILL & ASSOCIATES, INC.

4400 N. Federal Highway Suite 210 Boca Raton, FL 33431 Tel. 561-391-4666 Fax. 561-361-7886

February 16, 1999

Department of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

The above corporation, Stonehill & Associates, Inc., moved from its former address, as was listed with the Department of State, Division of Corporations to its present address and left a notification with the local Post Office to have all mail forwarded to PO Box 7049, Boca Raton, FL 33431. As recently as today we are still receiving mail being forwarded from the previous address.

However, we never received any notification regarding the Annual Report.

As per the instructions we received over the telephone, we are enclosing our check in the amount of \$300.00, along with the completed Application for Reinstatement.

Please have all correspondence sent to us at PO Box 7049, Boca Raton, FL 33431.

Martin M. Schrager

'Sincerely