PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION** Katherine Harris FILED **FOR** Secretary of State REINSTATEMENT 99 NOV - 1 PM 5: 37 DIVISION OF CORPORATIONS DOCUMENT # P98000012936 SECRETARY OF STATE TALLAHASSEE. FLORIDA 1 Corporation Name Ari Albinder, P.A. Mailing Address Principal Place of Business 783 Enfield Street 783 Enfield Street Boca Raton, FL 33487 Boca Raton, FL 33487 If above addresses are incorrect in any way, line through incorrect information and enter correction below Date Incorporated or Qualified To Do Business in Florida 2/9/98 2 New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable Suite, Apt. #, etc Suite, Apt. #, etc. 5 FEI Number Applied For City 8 State City & State 65-0817908 Not Applicable \$8.75. Additional Energy leaves Zıp Zip Country Co intry CERTIFICATE OF STATUS DESIRED 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) City / State / Zip Title(s) 783 Enfield Street P/D Albinder, Ari Boca Raton, FL 33487 500003038765--3 -11/08/99--01127--007 \*\*\*\*750.00 \*\*\*\*750.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) Ari Albinder 783 Enfield Street Suite, Apt. #. Etc. Boca Raton, FL 33487 State | Zip Code 10. I, being appointed the registered agent of the aboy iliar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN 11. This corporation owes the current year (See other side for Information on intangible tax.) Yes No 🗵 Intangible Personal Property Tax due June 30. 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 filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 807.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this application 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. 561-417-0827 SIGNATURE: SIGNATURE AND TYPED OR RINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ari Albinder, Pres.