APPROVED AND FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

06 MAY 22 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000017101

1. Corporation Name

North Miami Boogly INC

REINSTATEMENT 02-06 DSC

2. Principal Office Address	3. Mailing Office Address
1990 N.E 123rd Strat	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: North Miami FL	City & State:
Zip: 33181 Country: US	Zip: Country:

4. Date Incorporated or Qualified to Do Business in Florida: 1998

5. FEI Number: 65-0816883 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ — Certified Copy Not Required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Steven Hochman

200075561502
05/31/06--01032--009 **350.00

Street Address (P.O. Box Address Not Acceptable): 1990 N.E 123rd Street

Suite, Apt. #, Etc.:

City: North Miami — State: FL — Zip Code: 33181

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: _____ REGISTERED AGENT MUST SIGN — Date: 5-20-06

CR2E045 (01/06)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Steven Hochman	1990 N.E. 123rd Street	North Miami, FL 33181

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: Steven Hochman — 5-20-06 — 305 895 7022

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