2006 FOR PROFIT CORPORATION REINSTATEMENT

06 MAY -4 AH 11: 01 DOCUMENT # P98000064742 SECRETARY OF STATE TALLAHASSEE, FLORIDA PLANET OF KEY WEST, INC. Principal Place of Business Mailing Address 130 DUVAL ST 130 DUVAL ST KEY WEST, FL 33040 KEY WEST, FL 33040 3. Mailing Address 2. Principal Place of Business 19707 Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E098 (11/05) RFIN-P 04282006 City & State City & State 4. FEI Number Applied For 65-0852033 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired US A 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Jus itt Greenber PARISI, PETER P Street Address (P.O. Box Number is Not Acceptable) 4045 NW 16TH STREET, #111 FORT LAUDERDALE, FL 33313 Zip Code 33180 City Aventura 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. DiRector SIGNATURE (NOTE: Registered Agent signature required when reinstaling) In accordance with s. 607.193(2)(b), F.S., the FILE NOW!!! FEE IS \$300.00 corporation did not receive the prior notice. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 10. Delete ☐ Change ☐ Addition TITLE TITLE LEVY, CLAUDE NAMÉ NAME 2778 NW 31ST AVE STREET ADDRESS STREET ADDRESS FT LAUDERDALE, FL CITY-ST-ZIP CITY-ST-ZIP 100075039301 05/22/06--01074--005 **300.00 Addition Delete TITLE TITLE NAME JAMAL, RALPH NAME 2778 NW 31ST AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE, FL Change ☐ Addition Delete TITLE TITLE GREENBERG, JUDITH NAME NAME Turnberry Way STREET ADDRESS 2778 NW 31ST AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE, FL Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an antachment with an address, with all other like empowered. SIGNATURE: CHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

APPRUYEL