PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000067395

1. Corporation Name MARSALAN INC.

2. Principal Office Address	3. Mailing Office Address
408 S.E. 28TH AVE.	408 S.E. 28th AVE.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pompano Bch. FL.	City & State: Pompano Bch. FL.
Zip: 33062 Country: U.S.	Zip: 33062 Country: U.S

4. Date Incorporated or Qualified To Do Business in Florida: 7-27-98

5. FEI Number: 65-0860004 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: Corporation Service Company — MARSHA LAVIAGE

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street — 408 S.E. 28th Ave.

Suite, Apt. #, Etc. — Pompano Bch. FL. 33062

City: Tallahassee | State: FL | Zip Code: 32301

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: Marsha Laviage — Date: 6-19-2000

REGISTERED AGENT MUST SIGN

CR2E081 (9/99)

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
PRES.	ALAN SCHNITZER	8403 LORRIE	HOUSTON, TX. 77025
V. PRES	MARSHA LAVIAGE	408 S.E. 28th Ave	Pompano Bch. FL. 33062
SEC.	SAM S. LAVIAGE	408 S.E. 28th Ave	Pompano Bch. FL. 33062
			000003297190--5

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: Marsha Laviage — 6-19-2000 — (954) 783-7275

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

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REINSTATEMENT 99-01