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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
01 DEC 12 PM 1:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000094960

1. Corporation Name
GARY SERAYDARIAN INC

2. Principal Office Address	3. Mailing Office Address
11406 SAN JOSE BLVD	340 S. CHECKERBERRY WAY
Suite, Apt. #, etc.: Suite 5	Suite, Apt. #, etc.:
City & State: JACKSONVILLE, FL	City & State: JACKSONVILLE, FL.
Zip: 32223 Country: DUVAL	Zip: 32259 Country: ST JOHN

REINSTATEMENT 2001

4. Date Incorporated or Qualified To Do Business in Florida: 11/16/1998

5. FEI Number: 650881077 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: GARY SERAYDARIAN

Street Address (P.O. Box Number is Not Acceptable): 340 S. CHECKERBERRY WAY FILS

Suite, Apt. #, Etc.:

City: JACKSONVILLE State: FL Zip Code: 32259

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: [signature] REGISTERED AGENT MUST SIGN Date: 12/11/2001

CR2E061 (9/00)

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	GARY SERAYDARIAN	340 S. CHECKERBERRY WAY	JACKSONVILLE, FL. 32259
			100004720471--3

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: [signature] GARY SERAYDARIAN PRES. 12/11/2001 (904) 288-0481

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

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ACCOUNT NO. : 072100000032

REFERENCE : ~~334467~~ ~~7200721~~

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ 750.00

ORDER DATE : December 12, 2001

ORDER TIME : 10:45 AM

ORDER NO. : 334467-005

CUSTOMER NO: 7200721

CUSTOMER: Scott L. Glazier, Esq
Glazier & Glazier, P.a.
8825 Perimeter Park Blvd.
Suite 504
Jacksonville, FL 32216

DOMESTIC FILINGS

NAME: GARY SERAYDARIAN, INC.

RECEIVED
01 DEC 12 AM 11:21
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

XX___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX_____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder

EXAMINER'S INITIALS _____