PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 FEB -9 AM 8:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000107965

1. Corporation Name
MAMA BELLAS INC

REINSTATEMENT 07-04

100027544211
01/26/04--01011--020 **150.00

2. Principal Office Address	3. Mailing Office Address
3746 SW 3rd AVE	3746 SW 3rd Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CAPE Coral FL.	City & State: Cape Coral FL.
Zip: 33914 Country: LEE	Zip: 33914 Country: LEE

4. Date Incorporated or Qualified To Do Business in Florida: 12/28/1998

5. FEI Number: 65-0883784 — 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: MICHAEL C. KEFER

Street Address (P.O. Box Number Is Not Acceptable): 3746 SW 3rd AVE

100027544211
02/09/04--01012--024 **150.00

Suite, Apt. #, Etc.

City: CAPE Coral — State: FL — Zip Code: 33914

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: M.C. Kefer — REGISTERED AGENT MUST SIGN — Date: 1/15/04

CR2E081 (10/02)

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.	Michael C. Kefer	3746 SW 3rd Ave	Cape Coral FL 33914

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: M.C. Kefer — Michael C. Kefer — Date: 1/15/04 — Daytime Phone #: (239) 540-8062

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 4, 2004

Division of Corporations
P.O. BOX 6327
Tallahassee, Florida 32314

SUBJECT: MAMA BELLAS INC.
Ref. Number: P98000107965

Per your request, I am sending an additional check for $150.00 for my reinstatement. Thank you for your time and prompt attention to this mater. If you need anything that requires my further attention, please contact me at (239) 242-2004 ext. 240 or e-mail me at mike@floridahomes.com . Thank you.

Mike Kefer

MAMA BELLAS INC.
3746 SW3rd AVE.
Cape Coral F.L 33914