FAX AUDIT NO.: H05000076646 3

FILED
05 MAR 30 PM 3:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000020661

1. Corporation Name
Stacy Robins Companies, Inc.

REINSTATEMENT 03-05

2. Principal Office Address	3. Mailing Office Address
230 Fifth Street	230 Fifth Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami Beach, Florida	City & State: Miami Beach, Florida
Zip: 33139 County: US	Zip: 33139 Country: US

4. Date Incorporated or Qualified To Do Business in Florida: 03/05/1999

5. FEI Number: 52-2164312 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee Required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Registered Agents of Florida, LLC
Street Address (P.O. Box Number is Not Acceptable): 100 S.E. Second Street
Suite, Apt. #, Etc.: Suite 2900
City: Miami State: FL Zip Code: 33131

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: Howard J. Vogel, V.P. Date: 3/29/05
REGISTERED AGENT MUST SIGN

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
PD	Stacy Robins	230 Fifth Street	Miami Beach, Florida 33139

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: Stacy Robins, President 3/29/05 3057857375
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime phone #

Florida Department of State

Division of Corporations

Public Access System

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(((H05000076646 3)))

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To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : Berman Rennert Vogel & Mandler, PA
Account Number : 076103002011
Phone : (305)577-4177
Fax Number : (305)373-6036

CORPORATION REINSTATEMENT

STACY ROBINS COMPANIES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$1,050.00