## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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|--|---|--|--|---|---|--|
| CORPORATION REINSTATEMENT  | FLORI   | DA DEPARTMENT OF<br>Katherine Harris<br>Secretary of State<br>DIVISION OF CORPORATIONS |  | FILED 01 AUG-9 AHII:1   |   |  |
| DOCUMENT # 19900034539  1. Corporation Name  |   |  |  | SECRETARY OF STATE TALLAHASSEE: FLORIDA   |   |  |
| tashion Bu   | g # 3287,=  | <u>.</u>   | ·  |   |   |  |
| 2. Principal Office Address  | 3. Mail   | ing Office Address   |  |   |   |  |
|  |   | 50 State Road  |  |   | MAI   |  |
| Suite, Apt. #, etc.  |   | ot. #, etc.  | ,  | ** . while t  | WO1   |  |
|  |   | B-13   |  | corporated or Qualified Business in Florida 4-13-99   |   |  |
| City & State   | City & S  |  | 5. FEI Nur   |   | Applied For                                   |  |
| Pembroke Pine Zip Country  | s FL Be   | salem PA Country   | <u> 5a -</u>   |   | Not Applicable                                |  |
| 33024  | 190   | ao Buch  | 6. CERTIFIC  | CATE OF STATUS DESIRED \$8.75 Add   | ditional Fee required<br>ertificate of Status |  |
|  |   | 7. Name and Address of Curr  |  | ľ   |   |  |
| Name  CT Coepoe A high System  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  1200  Suite, Apr. #, Etc.  City  Plantation  State  Zip Code  FL 333324                   |   |  |  |   |   |  |
| 8. I being appointed the registered agen of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.  PETER F. SOUZA  ASSISTANT SECRETARY Date  REGISTERED AGENT MUST SIGN |   |  |  |   |   |  |
| 2 Name and Charles Address   |   |  |  |   |   |  |
| 9. Names and Street Addresses of   | Name of   | <u> </u>   | dress of Each  | City / State / Zip  |   |  |
| Titles Officers  | Officers and/or Directors                                       |  | Officer and/or Director                                      |   | <u>\</u> \$                                   |  |
| Pres Doreit B  | s Doeest Born   |  | 450 Winks Lane   |   | 19020   |  |
| Pres John Sullivani  |   | 450 Winks  | 450 Winks Lane   |   | OGOPI   |  |
| P/sec<br>Treas Eric Specter  |   | 450 Woks   | 450 Winks Lane   |   | 19020   |  |
| ir Dorpit Bern   |   | 450 Winks  | 450 Winks lane   |   | 19020   |  |
|  | •   |  | <u> </u>   | Bensalen PA<br>10000453872  |   |  |
|  |   |  | · · · · · · · · · · · · · · · · · · ·                        | <del>-08/16/010107</del>  |   |  |
| this reinstatement application, to<br>owed by the corporation have t   | the reason for dissolution has<br>been paid and the names of ir | been eliminated, the corporate n   | ame satisfies the requirement<br>ot qualify for an exemption | chapter 607 or 617, F.S. I further certify<br>ents of section 607.0401 or 617.0401, F.<br>under section 119.07(3)(i), F.S. The info | S., that all fees                             |  |