## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| CORPORATEINSTATEI   | . 0                     |                           | Secreta   | RTMENT OF ne Harris.  ry of State CORPORATION     |  |                  | FIL                                 | _ED                    |              |                     |              |  |
|---|-------------------------|---------------------------|---|---|--|------------------|-------------------------------------|------------------------|--------------|---------------------|--------------|--|
| DOCUMENT # P990000 40676  |                         |                           |   |   |  | 02               |                                     | 29 PM 1                | ,            |                     |              |  |
| 1. Corporation Name ABBR  | RPRISES                 | SES INC.                  |   |   | SECRETARY OF STATE<br>TALLAHASSEE, FLORIDA |                  |                                     |                        |              |                     |              |  |
| •   |                         |                           | ·   | ٠   | Service and service                        |                  |                                     |                        |              |                     |              |  |
| 2. Principal Office Add   | 3. Mailing Office Addre | $\sim$ .                  |   |   |  |                  |                                     |                        |              |                     |              |  |
| 31762 NW 62 ST.  Suite, Apt. #, etc.  Suite Apt.  |                         |                           | Suite, Apt. #, etc.   | SAME<br># etc                                     |  |                  | SIL                                 |                        | •            |                     |              |  |
| Suite, Al   |                         |                           | Suite, Apt. #, etc.   | . #, etc.   |  |                  | 4. Date Incorporated or Qualified / |                        |              |                     |              |  |
|   |                         |                           | City & State  | te  |  |                  | iness in Flo                        | rida 5/                | 1999         | Т.                  | <del>_</del> |  |
| COCONUT CREEK   |                         |                           |   |   | 5. FEI Numbe                               | 7929             | 729                                 |                        | <del></del>  | ed For<br>oplicable |              |  |
| 3307 <b>3</b>   | Country                 | a                         | Zip   | Country   |  | 6. CERTIFICATE   | OF STATUS                           | DESIRED [              | \$8.75 Add   | litional Fe         | ee required  |  |
| 3   |                         |                           | 7. Name and A   | ddress of Curre                                   | ent Registere                              | d Agent          |                                     |                        | for a Ce     | rtificate o         | of Status    |  |
| Name PNYLLIS ABBRUZZO Street Address (P.O. Box Number is Not Acceptable) 3762 NW 62 ST.  Suite, Apt. #, Etc. CocoNUT CREEK  City State Zip Code FL 33073  I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0503 or 617.0503, F.S. |                         |                           |   |   |  |                  |                                     |                        |              |                     |              |  |
| ignature of<br>Registered Agent   |                         | Date                      | \$/13   | 102   | ,  |                  |                                     |                        |              |                     |              |  |
|   | -                       |                           | or Director (Florida nonpro   |   | . "  | t 3 directors)   | tion of publication and present     | See and representation | erane k      | ( ) TEG ATT         |              |  |
| Titles  |                         | ame of<br>nd/or Directors |   | Street Address of Each<br>Officer and/or Director |  |                  |                                     | City /                 | State / Zip  |                     |              |  |
| RES FRA   | NCES                    | CO ABB                    | RUZZO 3762  | NW  | lo <b>3</b> 57                             |                  | Coco                                | NUT (                  | REEK,        | E.                  | 33073        |  |
| •   |                         |                           |   |   |  |                  | 351.                                | 25                     | -nn          |                     |              |  |
|   |                         |                           |   |   |  |                  | 10.00<br>86.7                       | 5-AR                   | ANT<br>18nff | ,<br>Au             | 7            |  |
| owed by the corporat  | ion have been           | paid and the nar          | r or trustee empowered to<br>tion has been eliminated, t<br>mes of individuals listed on<br>ature shall have the same | ine corporate nai                                 | me satisfies the                           | e requirements o | d agadian C/                        | 77 0404 04             | 70404 - 0    |                     | . 11         |  |