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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
01 JUN 19 AM 10:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION [redacted]

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

DOCUMENT # P99000058617

1. Corporation Name
EGOTRIP PUBLICATIONS
1819 WEST Avenue #4
Miami Beach, FL 33139

2. Principal Office Address	3. Mailing Office Address
Above	Above
Suite, Apt. #, etc.: #4	Suite, Apt. #, etc.
City & State: Miami Beach	City & State: FL
Zip: 33139 Country: USA	Zip: Country:

4. Date Incorporated or Qualified To Do Business in Florida: July 1999

5. FEI Number: 650930620 (Applied For / Not Applicable)

6. CERTIFICATE OF STATUS DESIRED ☐ [redacted]

7. Name and Address of Current Registered Agent

Name: Richard Stler

Street Address (P.O. Box Number is Not Acceptable): 1819 West Ave

Suite, Apt. #, Etc.: Suite 4

City: Miami Beach State: FL Zip Code: 33139

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-07/03/01--01041--011
****300.00 ****300.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0303, F.S.

Signature of Registered Agent: Richard Stler Date: 6-13-01
REGISTERED AGENT MUST SIGN

CR2E041 (8/00)

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
P,VP,S	Richard Stler	5275 NE 5th Ave	Miami, FL 33139
			00-01 UBR

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: [redacted] 6-13-01 305-754-7595
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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Department of State
Division of Corporation
Attn: Tyrone Scott
409 East Gaines Street
Tallahassee, FL 32399

June 6, 2001

Dear Tyrone,

Thank you for your patience and cooperation today on the phone. As per your instructions, I am sending a check for $300.00; this would cover the fees for years 2000 and 2001. We also have had an address change, which is noted on the document. Any future correspondence can be sent directly to Ego Trip Publications C/O Richard Sklar. At 1819 West Avenue Bay #4, Miami Beach, FL 33139.

In addition as per your instructions, I request the fees and penalties to be waived. If you need to reach me please call me at 561-447-7544

Thanks again Tyrone, I hope you are as nice to everyone as you were to me. Have a good week.

Respectfully,

Chari Hayes