PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| CORPORATION REINSTATEMENT | FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS | FILED
02 FEB -1 PM 4: 46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA |

DOCUMENT # P99000079604L3

1. Corporation Name

29 North Dixie/NC.

2. Principal Office Address

6065 NW 167H ST.

Suite, Apt. #, etc.

B-3

City & State

MIAMI, FL

Zip 33015   Country U.S.A.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip   Country

4. Date Incorporated or Qualified To Do Business in Florida   9/02/99

5. FEI Number   65-1155641   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   GARY CEDENO

Street Address (P.O. Box Number is Not Acceptable)   6065 NW 167H ST

Suite, Apt. #, Etc.   B-3

City   MIAMI   State FL   Zip Code 33015

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***1050.00   ***1050.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent _____   REGISTERED AGENT MUST SIGN   Date 1/14/02

CR2E081 (9/00)

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.	DELROY COWAN	19500 E ST ANDREWS DR.	MIAMI, FL 33015
		REINSTATEMENT00-02 78	

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: _____   SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   1/14/02   Date   305 828 7000   Daytime Phone #