PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 MAR 13 AM 11:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000084554

1. Corporation Name
Get Gaga, Inc

REINSTATEMENT 03-05

2. Principal Office Address	**3.** Mailing Office Address
3750 Max Place	3750 Max Place
Suite, Apt. #, etc.: #103	Suite, Apt. #, etc.: #103
City & State: Boynton Beach FL	City & State: Boynton Beach FL
Zip: 33436 Country: USA	Zip: 33436 Country:

4. Date Incorporated or Qualified To Do Business in Florida: ~~9/12/1999~~ 9/22/1999

5. FEI Number: 65-09-57570 — 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: Stephanie Smith Wilkins
Street Address (P.O. Box Number is Not Acceptable): 3750 Max Place
Suite, Apt. #, Etc.: #103
City: Boynton Beach State: FL Zip Code: 33436

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: Stephanie Wilkins Date: March 5, 2005.
REGISTERED AGENT MUST SIGN

CR2E081 (01/05)

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
President	Stephanie Smith Wilkins	3750 Max Place #103	Boynton Beach FL 33436
Partner	Ron Wilkins	3750 Max Place #103	Boynton Beach FL 33436

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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: Stephanie Wilkins 3/5/05 561.742.1708
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

3/14 aw