PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

9/13/01
90002 037

FILED
03 JUN 20 PM 2:58
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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08/05/03--01066--033 **550.00

DOCUMENT # P99000091130

REINSTATEMENT 01

9/13/01 90002 037 #550.00

1. Corporation Name
Robb C. Imperato, Inc.

2. Principal Office Address	3. ~~Mailing Office~~ Address
120 E. Oakland Park Blvd.	
Suite, Apt. #, etc. #145	~~Suite, Apt. #, etc.~~
City & State Ft. Lauderdale	City & State
Zip Fl / Country USA	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida 12/98

5. FEI Number 81-0554866 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: Robb C. Imperato
Street Address (P.O. Box Number is Not Acceptable): 4911 NE 25th Ave.
Suite, Apt. #, Etc.:
City: Lighthouse Point | State: FL | Zip Code: 33064

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: Robb C. Imperato Date: 6/20/03
REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Robb C. Imperato	4911 NE 25th Ave	Lhp, Fl. 33064
VP	↓	↓	↓
Sec	↓	↓	↓
Treas	↓	↓	↓

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: Robb C. Imperato 6/20/03 954-444-1074
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #