


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
00 DEC 12 PM 3: 38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 999000105007

1. Corporation Name

Stuff N Cards, Inc.

2. Principal Office Address

5565 S.E. Federal Highway

3. Mailing Office Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Stuart, FL

City & State

Zip

34997

Country

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

11/30/99

SP

5. FEI Number

06-1564152

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

Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

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

Blanca Lozada - Blanca Lozada
REGISTERED AGENT MUST SIGN

Date

12/11/00

Authorized Representative

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
Dir.	Richard D. Ponn	c/o Marine Sands Country Club 5172 Clubway, #109	Stuart, FL 34997

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:

Richard D. Ponn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/8/00

Date

561-286-5577

Daytime Phone #

CR2E081 (9/99)



ACCOUNT NO. : 072100000032

REFERENCE : 926524 4389717

AUTHORIZATION :

COST LIMIT : \$ 750.00

Patricia Pyjunt

ORDER DATE : December 11, 2000

ORDER TIME : 11:32 AM

ORDER NO. : 926524-005

CUSTOMER NO: 4389717

CUSTOMER: Ms. Karen Fegreus
Seegel Lipshutz & Wilchins
60 William Street
Suite 200, Wellesley Office Pa
Wellesley, MA 02181-3803

DOMESTIC FILINGS

NAME: STUFF N CARDS, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janna Wilson

EXAMINER'S INITIALS _____

U. S. DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

00 DEC 12 PM 1:12

RECEIVED

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