PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

#### 150, 00 ##				Secretary of State DMSION OF CORPORATIONS	_	OI NOV -6 PH 3: 15 SECRETARY OF STATE TALLAHASSEE, FEORIDA	
Sulfa, Apt. 8, etc. MIAMI, FL Country 33173 Country 33304 Country 33304 7. Name and Address of Current Registered Agent LARRY SISSON Street Address (P.O. Box Number is Not Acceptable) 218 SOUTHERN COUNTRY LANE Sulfa, Apt. 8, Etc. City QUINCY C. COUNTRY LANE REGISTERED AGENT AULTS SIGN Deta 117 Surfa 10300 SUNSET DRIVE, SUITE 380 MIAMI, FL 33173 VP AARON BAKER 10300 SUNSET DRIVE, SUITE 380 MIAMI, FL 33173 WP JASON MILLER 10300 SUNSET DRIVE, SUITE 380 MIAMI, FL 33173 MIAMI, FL 33173 MIAMI, FL 33173 10300 SUNSET DRIVE, SUITE 380 MIAMI, FL 33173		ration Name					•
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City & State MIAMI, FL City & State FT. LAUDERDALE FT. LAUDERDALE S. FEI Number 650979422 Applied For Not Applicable FT. LAUDERDALE G. Country 33173 To Name and Address of Current Registered Agent CARTIFICATE OF STATUS DESIRED Street Address (P.O. Box Number is Not Acceptable) 218 SOUTHERN COUNTRY LANE Suite, Apt. 6, Etc. City QUINCY C. COUNTRY LANE G. COUNTRY LANE Suite, Apt. 6, Etc. City QUINCY C. COUNTRY LANE G. COUNTRY G.				•	4. Date Incorp	porated or Qualified	1
Name and Address of Current Registered Agent Street Addresses of Each Officer and/or Directors Director City / State / Zip Directors Directors Director Directors Directors Director Director Directors Director Directors Director Di	City & State City & S			•	5. FEI Numbe	Applied	
Street Address (P.O. Box Number is Not Acceptable) 218 SOUTHERN COUNTRY LANE Sutte, Apt. #, Etc. City QUINCY C. COUING State 219 Code 32351 8. 1. being appointed the registered egent of the above named or proration, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Piorida nonprofit corporations must list at least 3 directors) Titles Officer and/or Director Name of Officer and/or Director (Piorida nonprofit corporations must list at least 3 directors) Titles Officer and/or Director Name of Officer and/or Director (Piorida nonprofit corporations must list at least 3 directors) Name of Officer and/or Director Name of Officer and/or Director Officer and/or Director Name of Officer and/or Director Officer and/or Director Name of Officer and/or Director Name of Officer and/or Director Officer and/or Director Name of Officer and/or Director Name of Officer and/or Director O	Zip		Z	p Country	6.	\$8.75 Additional Fee	required
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218 SOUTHERN COUNTRY LANE *****150.00 ******* Suite, Apt. #, Etc. City QUINCY C. COUIII SUBState Superior of the above named proporation, am familiar with and accept the obligations of section 607.0505 or 817.0503, F.S. Signature of Registered Agent Regist		LARRY SIS				200004685012- - - 11/18/01 - 01045 0	7 004
8. I. being appointed the registered ejent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 817.0503, F.S. Signature of Registered Agent Audresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles		218 SOUTHERN COUNTRY LANE			and the same of the sam	****150, <u>0</u> 0 **** <mark>1</mark> 19	
8. I, being appointed the registered agent of the above name comporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent Regist		City			C. Couilie	State Zip Code	
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Titles Name of Officers and/or Directors Officer and/or Directors Officer and/or Director Officer and/	9. Names	a and Street Addresses of E			t at least 3 directors)		
VP IAN BJORSVIK 10300 SUNSET DRIVE, SUITE 380 MIAMI, FL 33173 VP AARON BAKER 10300 SUNSET DRIVE, SUITE 380 MIAMI, FL 33173 VP BRETT COTTON 10300 SUNSET DRIVE, SUITE 380 MIAMI, FL 33173 VP JASON MILLER 10300 SUNSET DRIVE, SUITE 380 MIAMI, FL 33173 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		l N	iame of	Street Address o	f Each	City / State / Zip	
AARON BAKER 10300 SUNSET DRIVE, SUITE 380 MIAMI, FL 33173 VP BRETT COTTON 10300 SUNSET DRIVE, SUITE 380 MIAMI, FL 33173 VP JASON MILLER 10300 SUNSET DRIVE, SUITE 380 MIAMI, FL 33173 MIAMI, FL 33173	D,P,S,T	STEPHEN DON TRAVALE		10300 SUNSET DRIVE, SI	JITE 380	MIAMI, FL 33173	
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	√P	JASON MILLER		10300 SUNSET DRIVE, SI	JITE 380	MIAMI, FL 33173	
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)(f), F.S. The information indicated				-			