

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

<p>APPLICATION FOR REINSTATEMENT</p> <p>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</p>		<p>APPROVED AND FILED</p> <p>96 NOV 21 PM 1:37</p> <p>SECRETARY OF STATE TALLAHASSEE, FLORIDA</p>																													
<p>DOCUMENT # S02252</p> <p>1. Corporation Name FDH & ASSOCIATES INC.</p>		<p>300002015633--4 -11/27/96--01030--009 ****583.75 ****583.75</p>																													
<p>Principal Place of Business 13016 SW 128th MIAMI FL 33186</p>		<p>Mailing Address 13016 SW 128th MIAMI FL 33186</p>																													
<p>If above addresses are incorrect in any way, line through incorrect information and enter correction below.</p>																															
<p>2. New Principal Office Address, If Applicable</p> <p>Suite, Apt. #, etc.</p> <p>City & State</p> <p>Zip Country</p>		<p>3. New Mailing Address, If Applicable</p> <p>Suite, Apt. #, etc.</p> <p>City & State</p> <p>Zip Country</p>																													
<p>13016 SW 128th</p> <p>MIAMI FLORIDA</p> <p>33186 U.S.A</p>		<p>4. Date Incorporated or Qualified To Do Business in Florida 09/19/1990</p> <p>5. FEI Number 65-0289744</p> <p>6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/></p>																													
<p>7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Title(s)</th> <th style="width: 30%;">Name of Officers and/or Directors</th> <th style="width: 30%;">Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)</th> <th style="width: 30%;">City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>P</td> <td>HELOISA Bittar</td> <td>14430 SW 110th</td> <td>MIAMI FL 33186</td> </tr> <tr> <td>VP</td> <td>Fernando Bittar</td> <td>14430 SW 110th</td> <td>MIAMI FL 33186</td> </tr> <tr> <td>T</td> <td>HUGO Bittar</td> <td>14430 SW 110th</td> <td>MIAMI FL 33186</td> </tr> <tr> <td>S</td> <td>Denise Bittar</td> <td>14430 SW 110th</td> <td>MIAMI FL 33186</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>				Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip	P	HELOISA Bittar	14430 SW 110 th	MIAMI FL 33186	VP	Fernando Bittar	14430 SW 110 th	MIAMI FL 33186	T	HUGO Bittar	14430 SW 110 th	MIAMI FL 33186	S	Denise Bittar	14430 SW 110 th	MIAMI FL 33186								
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<p>8. Name and Address of Current Registered Agent</p> <p>HELOISA Bittar 14430 SW 110th MIAMI FL 33186</p>		<p>9. Name and Address of New Registered Agent</p> <p>Name _____</p> <p>Street Address (P.O. Box Number is Not Acceptable) _____</p> <p>Suite, Apt. #, Etc. _____</p> <p>City _____ State FL Zip Code _____</p>																													
<p>10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.</p> <p>Signature of Registered Agent <u><i>Heleine Bittar</i></u> Date <u>11/18/96</u></p> <p style="text-align: center;">REGISTERED AGENT MUST SIGN</p>																															
<p>11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p style="text-align: right;">(See other side for information on intangible tax.)</p>																															
<p>12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.</p> <p>SIGNATURE: <u><i>Heleine Bittar</i></u> Date <u>11/18/96</u> (or) <u>256-9097</u></p> <p style="text-align: center;">SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</p>																															

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