## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| FLORIDA DEPARTMENT OF STATE Secretary of State DMS ON OF CORPORATIONS  DOCUMENT # \$15544  1. Composition Name Properties  2. Principal office Address 1840 Chucunantal  3. Maling office Address 1840 Chucunantal  4. Does Incorporated of Qualified 1940 Chucunantal  5FEI Number  6. CERTIFICATE OF STATUS DESRED  1940 Contrary  6. CERTIFICATE OF STATUS DESRED  1940 Contrary  1940 Chucunantal  1940 Chu   |   |     | -EA      | OL NEAD      | ALL INSTRU          | CHONSI                                | JEI ORE C        |                     | المطالاتهاد  | ZI XIVI.          |  |
|---|---|-----|----------|--------------|---------------------|---------------------------------------|------------------|---------------------|--|-------------------|--|
| DOCUMENT # \$1 55 44  1. Corporation Name  2. Principal Office Address  3. Maliny Office Address  3. Maliny Office Address  3. Maliny Office Address  4. Date Incorporated or Qualified  7. To Do Business in Funds  3. Maliny Office Address  4. Date Incorporated or Qualified  7. To Do Business in Funds  3. Applies For  1. Sold Applies For  1. Sold Applies For  1. Sold Applies For  1. Name and Address of Current Registered Appart  1. Sold Applies For  1. Sold Address (F.O.) Box Nighteen is Not Acceptable.  2. In being supergreet for Registered Appart  2. Sold Applies For Incorporate of Grant December Applies  3. In being supergreet for Registered Appart  2. Sold Applies For Incorporate of Grant December Appart  3. In being supergreet for Registered Appart  4. Date of December Appart  5. In being supergreet for Registered Appart  6. In being supergreet for Registered Appart  6. In being supergreet for Registered Appart  8. In being supergreet for Registered Appart  8. In being supergreet for Registered Appart  8. In being supergreet for Registered Appart  1. Date Applies For Incorporate of Registered Appart  1. Date Applies For Incorporate of Registered Appart  1. Date Applies For Incorporate of Registered Appart  1. Date Applies For Incorporate Appart  1. Date Applies For Incorporate Office Applies  1. Date Applies For Incorporate Office Applies  1. Date Applies For Incorporate Applies  1. Date Applies For Incorporate Office Applies  1. Date Applies For Inc |   |     |          |              | Secr                | etary of Stat                         | te ·             |                     |  |                   |  |
| 2. Principal Office Address  18 40 Chocunant Surface  Surfa, April & Color State  Surfa, April & Color State  Surface April & City & State  City & State  City & State  City & State  To De Business in Fronda  Society and State  Applied For Not Application  Society April & City & State  To De Business in Fronda  To De Business in   | DOCUMENT # 5/554\ 1. Corporation Name   |     |          |              |                     |                                       |                  |                     | the state of the s |                   |  |
| 2. Principal Office Address  18 40 Chocunant Surface  Surfa, April & Color State  Surfa, April & Color State  Surface April & City & State  City & State  City & State  City & State  To De Business in Fronda  Society and State  Applied For Not Application  Society April & City & State  To De Business in Fronda  To De Business in   | Properties Inc  |     |          |              |                     |                                       |                  |                     |  |                   |  |
| City & State  Signature of Registered Agent  Regis  | 2. Principal Office Address 1840 Chucunantaha (Same)  |     |          |              |                     |                                       |                  | REINSTATEMENT 05-02 |  |                   |  |
| Applied For Not Applicable  To Street Address of PO Box Nothing is Not Acceptable)  Street Address of PO Box Nothing is Not Acceptable)  Suite, Apt. #, Elic.  City I am  Registered Agent With File.  Signature of Registered Agent With Registered Agent With Registered Agent With Registered Agent Registered Registered Agent Registered Registered Agent Registered Registered Registered Registered Registered Registered Agent Registered Register  | Suite, Apt. #, etc.   |     |          |              | Suite, Apt. #, etc. |                                       |                  |                     |  |                   |  |
| 2p 3 3 1 3 3 Country 5 Zip Country 6 CERTIFICATE OF STATUS DESIRED 3 3.75 Additional For require for a Certificate of Status 2 Country 6 Certificate of Status 2 Constitution of Status 2 Constituti  |   |     |          | City & State |                     |                                       |                  |                     |  |                   |  |
| Name  CANCY HECTOVICI  Street Address (P.O. Box Name) is Not Acceptable)  12/08/0301076031 ***19  Suite. Apt. 4. Etc.  City 1 an  State   Zip Code   33 (33)  8. 1, being appointed the registered egent of the above agened corporation, and familiar with and accept the obligations of section \$07.0505 or 617.0503, F.S  Signature of Registered Agent Registered Agent Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Titles   Officer and/or Director   Officer and/or           | <sup>Zip</sup> 33   | (33 | ountry   | S            | Zip                 | Country                               |                  |                     | OF STATUS DESIRED  | \$8.75 Additio    | nal Fee required                             |
| Name  Address (P.O. Box Mamber is Not Acceptable)  Sulte, Apt. 4, Etc.  City  I am  State  Signature of Registered Agent of the above gamed corporation, an familiar with and accept the obligations of section 507,0505 or 617,0503, F.S.  Signature of Registered Agent Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Titles  Officers and/or Directors  Officer and/or Director  Officer and/or Director  Above  10, I certify that I am an officer or director or Interceptor for the section for dissolution has been gliminated, the corporate name satisfies the requirements of section 607 of 617, F.S. I further certify that when filing this reinstatement application, spendiscion, spendiscion for dissolution has been gell eliminated, the corporate name satisfies the requirements of section 619, 70401 or 617, C401 or 617,  |   |     |          |              | 7. Name             | and Address of                        | Current Register | ed Agent            |  |                   |  |
| 8. I, being appropried the registered agent of the strove pamed corporation, am familiar with and accept the obligations of section 607.0503 or 617.0503, F.S.  Signature of Registered Agent REGISTERED AGENT MUST SIGN  9. Names and Street Addresses of Each Officer and/or Directors  Name of Officer and/or Directors  Street Address of Each Officer and/or Directors  City / State / Zip  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 filling this reinstalament application, the resiston for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401, F.S., that all fees owed by the corporation hay 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:  | (ANPY HERSOVIC) 600025330856 Street Address (P.O. Box Namber is Not Acceptable) 12/08/03-01076-031 **1500.00                  |     |          |              |                     |                                       |                  |                     |  |                   |  |
| 9. Names and Street Addresses of Each Officer and/or Directors  Officers and/or Directors  Officer and/or Directors  Officer and/or Director  Offi  |   |     |          |              |                     |                                       |                  |                     |  |                   |  |
| Titles Officers and/or Directors  Street Address of Each Officer and/or Director  City / State / Zip  Pes RAMBY HERSROUC   Above  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:   | Signature of Registered Agent REGISTERED AGENT MUST SIGN  REGISTERED AGENT MUST SIGN  |     |          |              |                     |                                       |                  |                     |  |                   |  |
| Officer and/or Directors  Officer and/or Director  Officer and/or Director  Officer and/or Director  Above  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 filling 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 hayd been paid and the names of Individuals sited on this form do not semption 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:  | 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) |     |          |              |                     |                                       |                  |                     |  |                   |  |
| 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 filling 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:  | Titles  | C   | Officers |              |                     |                                       |                  |                     | С  | ity / State / Zip |  |
| 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 filling 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:  | Pres  | RA. | ~16-     | Dy HER       | 126001C1            | ^                                     | bove             |                     |  |                   |  |
| 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:  | ·   |     |          | <u> </u>     |                     | · · · · · · · · · · · · · · · · · · · | · <u>4</u>       |                     |  |                   | <u> </u>                                     |
| 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:  |   |     |          |              |                     |                                       |                  |                     | ·  |                   | <u>.                                    </u> |
| 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:  |   |     |          |              |                     |                                       |                  |                     |  |                   |  |
| 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:  |   |     |          |              |                     |                                       |                  |                     |  |                   |  |
| 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:  |   |     |          |              |                     |                                       |                  |                     |  |                   |  |
| VIENTE COME TO THE POST OFFICE OF PROPERTY OF THE POST  | hat all fees  |     |          |              |                     |                                       |                  |                     |  |                   |  |