PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
98 MAR 18 PM 2:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S22316

1. Corporation Name

QUIKLAB MULTIMEDIA CENTERS, INC.

Principal Place of Business

2121 W. OAKLAND PK. BLVD.
SUITE 8
FT. LAUDERDALE, FL 33311

Mailing Address

If above addresses are incorrect in any way, line through incorrect information and enter correction below

REINSTATEMENT 98-CFL

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc

City & State

Zip | Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc

City & State

Zip | Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 65-0239031 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ **$8.75 Additional Fee required for a Certificate of Status**

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PRESIDENT & C.E.O.	DAVID BAWARSKY	2121 W. OAKLAND PK BLVD SUITE 8	FT. LAUDERDALE, FL 33311

-03/23/98--01024--012
****900.00 ****900.00

8. Name and Address of Current Registered Agent

DAVID BAWARSKY
2121 W. OAKLAND PARK. BLVD
SUITE 8
FT. LAUDERDALE, FL 33311

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc

City | State FL | Zip Code

CR2E091 (12/98)

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.

Signature of Registered Agent David Bawa — REGISTERED AGENT MUST SIGN

Date 3/17/98

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☐

(See other side for information on intangible tax.)

12. 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: David Bawa
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/98
Date

954-735-2300
Daytime Phone #

CAPITAL CONNECTION 850 222 1222 03/10 '99 13:14 NO.491 02/03

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APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 MAR 18 AM 11:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000107699

1. Corporation Name

Cicconi Family Corporation

Principal Place of Business	Mailing Address
104 N. Isle Drive Sarasota, FL 34243	c/o Alex Katz, Esquire 940 Pennsylvania Blvd Feasterville, PA 19053

REINSTATEMENT 98-99

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 12/23/97

5. FEI Number: 23-2938872 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres	Alex Katz	940 PA Blvd	Feasterville, PA 19053
Sec/Tr	Alex Katz	940 PA Blvd	Feasterville, PA 19053
			500002811759--0 -03/23/99--01024--014 ****900.00 ****900.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
W. Bradley Munroe, Esq 234 E. Virginia St Tallahassee, FL 32301	Name: Louis R. Cicconi Street Address (P.O. Box Number is Not Acceptable): 104 No Isles Dr W. Suite, Apt. #, Etc City: Sarasota State: FL Zip Code: 34243-2000

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.

Signature of Registered Agent: [signature] REGISTERED AGENT MUST SIGN Date 3/17/99

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☐ (See other side for information on intangible tax.)

12. 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] 3/10/99 (215) 942-2400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #