PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

94-97

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

ADOPTED AND FILED
97 FEB 26 AM 8:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Make Check Payable To: *Department of State*

1. Name and Mailing Address of Corporation: DOCUMENT # S43258

NINE LIVES, INC.
551 N.W. 77th Street
Ste. 100
Boca Raton, Florida 33487

W97-4580

2. If Address is incorrect or changed, enter the correct address below:

Address: 551 N.W. 77th St., Ste. #100
City and State: Boca Raton, Florida
Zip Code: 33487

3. If Principle Office Address is different from mailing address, enter address below:

Address
City and State
Zip Code

700002103617--6
-03/04/97--01069--016
***1245.00 ***1245.00

4. Date Incorporated or Qualified To Do Business in Florida: 4/4/91

5. FEI Number: 65-0268499

FEI Number Applied For
FEI Number Not Applicable

6. $8.75 Additional Fee required for Certified Copy

CERTIFICATE OF STATUS DESIRED

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
P/D	MATTHEW J. O'CONNOR	551 N.W. 77th St., #100	Boca Raton, Fl. 33487
S	GREG CRYAN	551 N.W. 77th St., #100	Boca Raton, Fl. 33487

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*****8.75 *****8.75

REINSTATEMENT 94-97

A. Adan
2/26/97

REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent

Mr. Matthew J. O'Connor
551 N.W. 77th St.
Ste. #100
Boca Raton, Florida 33487

9. If changed, new registered agent / office

Name: CORPORATION SERVICE COMPANY
Street Address (Do NOT Use P.O. Box Number): 1201 HAYS STREET
Street Address (Do NOT Use P.O. Box Number):
City: TALLAHASSEE
State: FL.
Zip: 32301

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: Karen B. Rozar
REGISTERED AGENT MUST SIGN
Date: 2-28-97
Karen B. Rozar, As Agent

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes? Yes [X] No ☐ (See other side for information on intangible tax.)

13. 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.

Signature of Officer or Director
Date: 2/24/97
Daytime Phone #

Typed or printed name of signing officer or director