PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

APPROVED AND FILED

1997 DEC 23 AM 11:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S97262

W97-28534

1. Corporation Name

STATESIDE HOLDINGS, INC.

Principal Place of Business	Mailing Address
420 LINCOLN ROAD PENTHOUSE / 7TH FLOOR MIAMI BEACH, FL 33139	

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
420 LINCOLN ROAD	420 LINCOLN ROAD
Suite, Apt. #, etc. PENTHOUSE / 7TH FLOOR	Suite, Apt. #, etc. PENTHOUSE / 7TH FLOOR
City & State MIAMI BEACH, FL 33139	City & State MIAMI BEACH, FL 33139
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number (Applied For) X (Not Applicable)

6. CERTIFICATE OF STATUS DESIRED [X] $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
P	Charles Tang	420 LINCOLN ROAD PENTHOUSE / 7TH FLOOR	MIAMI BEACH, FL 33139

000002390309--2
-01/13/98--01057--010
****915.00 ****915.00

REINSTATEMENT 12/23/97

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
GERALD SCHWARTZ ~~1428~~ 1101 BRICKELL AVENUE SUITE ~~206~~ M-100 MIAMI, FL 33131	Name GERALD SCHWARTZ Street Address (P.O. Box Number is Not Acceptable) ~~1428~~ BRICKELL AVENUE Suite, Apt. #, Etc. ~~SUITE 206~~ M-100 City MIAMI State / Zip FL 33131

10. Having been appointed the registered agent of the above named corporation, I am familiar with and accept the obligations of Section 607.325, F.S.

Signature of Registered Agent: Gerald R. Schwartz (REGISTERED AGENT MUST SIGN.) Date: 12/16/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

See other side for information on intangible tax.

12. I certify that I am an officer or director of the corporation or trustee empowered to execute this application as provided for in chapter 607, F.S.; further certify that, effective this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401, F.S.; that all fees owed by the corporation have been paid to the names of individuals listed on this form; (if not qualify for exemption under section 212.08, 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] December 12, 1997 (305) 673-5699
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number