2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# S98393

City-St-Zip:

FORT LAUDERDALE, FL 33308

FILED Dec 19, 2005 Secretary of State

| Entity Nar | ne: PETRAR, | INC. | | | |
|---|---|--|---|--|--|
| Current Principal Place of Business: | | | New Principal Place | New Principal Place of Business: | |
| | 5 AVENUE JDERDALE, FL | . 33334 | 255 AVALON AVE FORT LAUDERDALE, | FL 33308 US | |
| Current Mailing Address: | | | New Mailing Address | New Mailing Address: | |
| 5900 NE 1: FORT LAU | 5 AVENUE JDERDALE, FL | . 33334 | 255 AVALON AVE FORT LAUDERDALE, | FL 33308 US | |
| FEI Number: | 65-0299189 | FEI Number Applied For() | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | Name and Address o | Name and Address of New Registered Agent: | |
| PETRECCIA, ROCCO 5900 NE 15 AVENUE FORT LAUDERDALE, FL 33334 US | | | 255 AVALON AVE | PETRECCIA, ROCCO 255 AVALON AVE FORT LAUDERDALE, FL 33308 US | |
| | named entity s e of Florida. | submits this statement for the p | urpose of changing its registered | d office or registered agent, or both, | |
| SIGNATURE: ROCCO PETRECCIA | | | | 12/19/2005 | |
| | | ic Signature of Registered Age | nt | Date | |
| | | 3(2)(b), F.S., the corporation did not Trust Fund Contribution (). | receive the prior notice. | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANGE | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | PETRECCIA, RO 255 AVALON AV | | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | PETRECCIA, RA 255 AVALON AV | | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: | DS () PETRECCIA, RA 255 AVALON AV | | Title: Name: Address: | () Change () Addition | |

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: ROCCO PETRECCIA DP 12/19/2005