PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Secretary of State DMISION OF CORPORATIONS DOCUMENT # V01148 1. corporation harve Business Internationa; Group, Inc. 2. Principal Office Address 4006 S. E. 3 Ave. Sulls, Apt. R. etc. 1. Only State City & State To be Business in Principal Secretary of State Address of Business in Principal Norm Ben Daidone The Country 33904 The Name and Address of Country Singulary of Country City & State City & State The State of State Singulary of Country Singulary of Country Singulary of Country City & State Singulary of Country City & State Singulary of Country City & State City & State Singulary of Country City & State City & State City & State City & State Singulary of Country City & Cape Coral, City & State City & Cape Coarly City & State City & State City & State City & Cape Coarly City		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS										01 00	FILE FILE T 22 AM)))		
2. Principal Office Address 4006 S. E. 3 Ave. Suite, Apt. 4, date Incorporated of Qualified 12/17/91 Suite, Apt. 4, date Incorporated of Qualified 12/17/91 To Co Rusiness in Photos 12/17/91 Scape Coral, FL 33904 - Gape Coral, PL 33904 - Gape Coral,			ŧ v	01148				<u></u>				SECRE TALLAH	TARY OF S	II: 5	6	
Suite, Apt. #, etc. 4. Oate Proopported of Qualified 12/17/91 City & State Cape Coral, —FL 33904 — Cape Coral, FL 33904 — Gape Coral, FL 33904 — Gape Coral, FL 33904 — Cape Coral, FL 33904 —	Bu	isiness I	Int	ernatio	na; Gro	oup, In	ic.			2 ·	· - 		,	* nOA		
City & State Cape Coral, FL 33904			-					00				,				
Cape Coral, -FL -33904 Cape Coral, -FL -33904 Cape Coral, -FL -33904 Country 33904 Country Signature of Registered Agent Street Address (P.O. Box Number is Not Acceptable) Str	Suite, Apt. #	#, etc.	, etc.													
33904 USA 33904 USA To Name and Address of Current Registered Agent Name	1 .		FI	33904	1 -	-					65 0202201					
Street Address (P.O. Box Number is Not Acceptable)				SA	1 .	4	1	•			6. CERTIFICATI	E OF STÀTU	S DESIRED 🔲			ed
Ben Daidone Street Address (P.O. Box Number is Not Acceptable) 4006 S. E. 3 Ave. Suite, Apt. #, Etc. City Cape Coral, FL City Cape Coral, State Signature of Registered Agent X REGISTERED AGENT MUST SIGN P Oliver Liesen 4006 S. E. 3 Ave. Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Officers and/or Directors Officers and/or Directors Officer and/or Directors Agent X August 27, 2001 Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Officers and/or Directors Officer and/or Director (Rogida nonprofit corporations must list at least 3 directors) Titles Officers and/or Directors Officer and/or Director (Rogida nonprofit corporations must list at least 3 directors) Titles Officers and/or Directors Officer and/or Director (City / State / Zip Officer and/or Directors Officer and/or Directors Officer and/or Directors City / State / Zip Cape Coral, FL 33904 T 10. Leeftly 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, 4001, F.S. I that all fees owed by the operporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119,07(3)(F.S. I that all fees owed by the operporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119,07(3)(F.S. I that all fees owed by the operporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119,07(3)(F.S. I that all fees owed by the operporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119,07(3)(F.S. I					7.	Name and A	ddress	of Curr	rent Reg	gistere	d Agent					
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0503 r 617.0503, F.S. Signature of Registered Agent X Date Date Date Date Date Date Date Date	·	Street Address Suite, Apt. #, E	9 (P.O	Box Number is I	Not Acceptable								11/06/01 ****450.	010)77- -1 025	ÿ
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles			Cap	e Coral	,			'		živos.	war	1 1		S		■ 3
Titles Name of Officers and/or Directors Street Address of Each Officer and/or Director City / State / Zip P Oliver Liesen 4006 S. E. 3 Ave. Cape Coral, FL 33904 SD Ben Daidone 4006 S. E. 3 Ave. Cape Coral, FL 33904 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	Signature o	of a	istere LA	Daid	one			with and	l accept	the obl	igations of secti		n		2001	CR2E081 (9/00)
P Oliver Liesen 4006 S. E. 3 Ave. Cape Coral, FL 33904 SD Ben Daidone 4006 S. E. 3 Ave. Cape Coral, FL 33904 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 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	9. Names	s and Street Addre	sses	of Each Officer a	nd/or Director (Florida nonpro	fit corp	orations	must list	t at leas	st 3 directors)]
SD Ben Daidone 4006 S. E. 3 Ave. Cape Coral, FL 33904 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	Titles	c	Officer		's	Street Address of Eacl Officer and/or Directo					ch 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 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	P	Oliver		4006 S. E. 3 Ave				ve.		Cape	Coral,	FL	33904			
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	SD	Ben Daio	don	е		4006	s.	Е.	3 A	ve.		Cape	Coral,	FL	33904	_
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				<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						-						-				
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	10. I cartif	y that I am an offic	er or (firector or the rec	eiver or trustee	e emonwered to) Axecu	te this ar	nnlication	n as on	ovided for in cha	opter 607 o	617 FS fort	ner certifi	that when filing	
SIGNATURE: X DURLETTO W Dividone, Lett. 27, 2001 941-549-5576	this rei owed t on this	instatement applic by the corporation application is true	ation, have and a	the reason for dis been paid and the accurate, and my	ssolution has be names of indi signature shall	een eliminated ividuals listed of I have the same	, the co	rporate л orm do n	name sa not qualif	tisfies t fy for ar	he requirements n exemption und oath.	of section ler section	607.0401 or 61 119.07(3)(i), F.S	7.0401, F The info	S.S., that all fees ermation indicated	