PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION** Sandra B. Mortham FOR ' Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS FILED DOCUMENT # V 490 60 97 MAY -5 PM 2:31 1. Corporation Name
A GENUINE CONCERN TNC." SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business 847 N. ANDREWS. AUE. FT. LAUDERDALZ FLA. 33211 19964 1997 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 Date Incorporated or Qualified
 To Do Business in Florida Suite, Apt. #, etc Suite, Apt. #, etc. 5. FEI Number City & State City & State Country Country CERTIFICATE OF STATUS DESIRED 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) Street Address of Each Name of Officers City / State / Zip Title(s) BOMPANO BEACH FLA 3306 ROST. C. TIMBERMAN 700 PINE DR. #104 Necs. ****365.**0**0 ****365.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name ROBERT C TIMBERMAN 847 N. ANDREWS AUE Street Address (P.O. Box Number is Not Acceptable) CR2E040 FU. LAUDERDALC FLA. Suite, Apt. #, Etc. 33311 City Zin Code State 10. I, being appointed 10. general eacht of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of REGISTERED AGENT MUST SIGN 11. Does this corporation pay any intangible tax to the (See other side for information on intangible tax.) Dept. of Revenue under S. 199.032, Florida Statutes. 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 reinstalement 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. WHO WE KOSERT. C. TIMBERMAN 4-20-97 (959)55-30-5
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE

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AUTO HOUSE 847 NO. ANDREWS AVE. FT. LAUDERDALE, FL 88811

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