PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE APPLICATION Sandra B. Mortham FOR Secretary of State FILED REINSTATEMENT DIVISION OF CORPORATIONS 97 MAY 21 AM 10: 21 DOCUMENT # \ SECRETARY OF STATE VALLAHASSEE, FLORIDA 1. Corporation Name Principal Place of Business Mailing Address If above addresses are incorrect in any way, line through incorrect information and enter correction below. 3. New Mailing Address, If Applicable 2. New Principal Office Address, If Applicable Date Incorporated or Qualified To Do Business in Florida Suite, Apt. #, etc. 536178 5. FEI Number Applied For City & State City & State 59-315 180 7 Not Applicable \$8.75 Additional Fee required for a Certificate of Status Country CERTIFICATE OF STATUS DESIRED 32853 - 6178 USA 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) City / State / Zip Title(s) and/or Directors 1000 ELMWOOD 32801 BRETT OPLANDO, FL **I**RES GIARDIELLO #5 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent BRETT GIAR DIELLO RICHARD GIARDIELLO Street Address (P.O. Box Number is Not Acceptable) ELMWOOD D TINDER PL CASSELBERRY FL State | Zip Code 32801 DRLANDO 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. Date 4-20-97 Signature of Registered Agent 11. Does this corporation pay any intangible tax to the (See other side for information No X Dept. of Revenue under S. 199.032, Florida Statutes. Yes on intangible tax.) 12. I do hereby cartily that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I re-lease the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

SIGNATURE: