PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
96 DEC 11 AM 11:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V73030

1. Corporation Name

FORMULA VENTURES, INC.

Principal Place of Business	Mailing Address
~~2999 NE 191ST ST~~ ~~NORTH MIAMI BEACH FL 33180~~	~~2999 NE 191ST ST~~ ~~NORTH MIAMI BEACH FL 33180~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 96

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
2750 S. Park Rd	P.O Box 601695
Suite, Apt. #, etc.	Suite, Apt. #, etc.
~~City~~ & State: Pembroke Park FL	City & State: N. Miami Bch FL
Zip: 33009 Country: Broward	Zip: 33160 Country: Door

4. Date Incorporated or Qualified To Do Business in Florida: 10/21/1992

5. FEI Number: 65-0397393 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DPS	FLETCHER, HAROLD C	~~2999 NE 191 ST~~ 2750 S. Park Rd	N MIAMI BCH FL Pembroke Park FL 33009
			000002028100---2 12/12/96 01109 020 ****375.00 ****375.00
			JB 12-11-96

8. Name and Address of Current Registered Agent

FLETCHER, HAROLD C
2999 NE 191ST ST
NORTH MIAMI BEACH FL 33180

9. Name and Address of New Registered Agent

Name: HAROLD C. FLETCHER
Street Address (P.O. Box Number is Not Acceptable): 2750 S. Park Rd
Suite, Apt. #, Etc.:
City: Pembroke Park | State: FL | Zip Code: 33009

CR2E040 (7/96)

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.

Signature of Registered Agent: [signature] SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN
Date: 9/20/96

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 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 on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: [signature] SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/20/96 Date
305-933-2200 Daytime Phone #

0048997 AJT