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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

07 OCT -8 AM 8:28

TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F04000006297

1. Corporation Name

Karver International, Inc.

REINSTATEMENT 10-07

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
601 Brickell Key Drive	601 Brickell Key Drive
Suite, Apt. #, etc. Suite 901	Suite, Apt. #, etc. Suite 901
City & State Miami, FL	City & State Miami, FL
Zip 33131 Country USA	Zip 33131 Country USA

4. Date Incorporated or Qualified To Do Business in Florida: 11/3/2004

5. FEI Number: 133526402 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $30.00 Additional fee required for one certified copy.

7. Name and Address of Current Registered Agent

Name: Jack Kachkar

Street Address (P.O. Box Number is Not Acceptable): 445 Grand Bay Drive

Suite, Apt. #, etc.: Unit 1210

City: Key Biscayne State: FL Zip Code: 33149

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: _____ Date: 10/8/2007

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	Jack Kachkar	445 Grand Bay Drive, Unit 1210	Key Biscayne, FL 33149
V/D	Jay M. Green	104 West Shore Drive	Putnam Valley, NY 10579
S/T	Jack Kachkar	445 Grand Bay Drive, Unit 1210	Key Biscayne, FL 33149

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 contained in Chapter 119, 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: _____ Jack Kachkar, President Secretary and Treasurer 10/4/2007 (416) 258-9400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Florida Department of State
Division of Corporations
Public Access System

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CORPORATION REINSTATEMENT

KARVER INTERNATIONAL, INC.

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