PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 OCT 20 PM 1:03

DOCUMENT # P02000127888

1. Corporation Name

MIII, Inc.

B 10/20/08
REINSTATEMENT 07-08

CR2E081 (12/07)

2. Principal Office Address - No P.O. Box #		**3.** Mailing Office Address	
251 1/2 Grove Avenue		251 1/2 Grove Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Verona, New Jersey		Verona, New Jersey	
Zip	Country	Zip	Country
07044	USA	07044	USA

4. Date Incorporated or Qualified To Do Business in Florida 12/4/02

5. FEI Number 14-1859155 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Michael P. Foggio

Street Address (P.O. Box Number is Not Acceptable): 701 U.S. Highway One

Suite, Apt. #, Etc.: #402

City: North Palm Beach | State: FL | Zip Code: 33408

☑ 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: M P Foggio — REGISTERED AGENT MUST SIGN — Date: 10/10/08

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	Michael P. Foggio	251 1/2 Grove Avenue	Verona, New Jersey 07044
D	Alvin S. Trenk	400 North Flagler Drive Unit 1101	Palm Beach, Florida 33401
S/T	Steven Trenk	907 Walnut Drive	Boulder City, Nevada 89005

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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: M P Foggio MICHAEL P. FOGGIO 10/20/08 973-857-0505

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