

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **PH000003956**

1. Corporation Name **NEW MONACO MGT. INC.**

2. Principal Office Address
210 71st St.
 Suite, Apt. #, etc. **#309**
 City & State **MIAMI BEACH, FL.**
 Zip **33141** Country **U.S.A.**

3. Mailing Office Address
SAME
 Suite, Apt. #, etc.
 City & State
 Zip Country

FILED
Dec 05, 2000 8:00 A.M.
 Secretary of State

REINSTATEMENT 99-00

4. Date Incorporated or Qualified To Do Business in Florida **1/18/94**

5. FEI Number **65-0469384**
 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 **FLORIDA Filing and Search Services, Inc.**

Street Address (P.O. Box Number is Not Acceptable) **1333 North Duval Street**

Suite, Apt. #, Etc. **400003509154-1**

City **TALLAHASSEE** State **FL** Zip Code **32303**

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 **[Signature]** Date **12/11/00**

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
PRES.	HAIM YEHEZKEL	210 71st St. - Rm # 309	MIAMI BEACH, FL 33141
			LS

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 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]** Date **10/17/00** Daytime Phone # **212-687-3888**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (9/99)