MAY-29-2001 12:08 FROM- T-244 P.002/002 F-475

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

01 MAY 29 PM 4:05

CORPORATION REINSTATEMENT

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

DOCUMENT # P98000048184

1. Corporation Name
MENSA PRODUCTS, INC.

2. Principal Office Address		**3.** Mailing Office Address	
P.O. Box 22609		P.O. Box 22609	
Suite, Apt. #, etc		Suite, Apt. #, etc	
City & State: Ft. Lauderdale, FL		City & State: Ft. Lauderdale, FL	
Zip: 33335	Country: U.S.	Zip: 33335	Country: U.S.

REINSTATEMENT

99-01

4. Date Incorporated or Qualified To Do Business in Florida: 5/26/98

5. FEI Number: 65-0838373 ☐ 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: Kim Hope Goldmintz

Street Address (P.O. Box Number is Not Acceptable): 3333 S.E. 14 Avenue

Suite, Apt. #, Etc:

City: Ft. Lauderdale | State: FL | Zip Code: 33316

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] REGISTERED AGENT MUST SIGN Date: 5/24/01

CR2E 683 (9/97)

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	Kim Hope Goldmintz	P.O. Box 22609	Ft. Lauderdale, FL 33335
CEO	Richard David Ticktin	P.O. Box 22609	Ft. Lauderdale, FL 33335
			AD

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] Richard David Ticktin, CEO 5/24/01 (954) 525-1133
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

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To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : ATLAS PEARLMAN, P.A. -mpm
Account Number : 076247002423
Phone : (954)763-1200
Fax Number : (954)766-7800

CORPORATION REINSTATEMENT

MENSA PRODUCTS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$1,050.00

 7478.001