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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

600004743236--8
-12/28/01--01082--005
****908.75 ****908.75

DOCUMENT # K32672

1. Corporation Name
ALANIRA ACQUISITIONS INC.

REINSTATEMENT 00-01

2. Principal Office Address	3. Mailing Office Address
2925 INDIAN CREEK DR.	333 41 ST STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
MIAMI BEACH	SUITE 506
City & State	City & State
FLORIDA	MIAMI BCH FLA
Zip 33140 Country U.S.A.	Zip 33140 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 11/88

5. FEI Number 650071347 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $8.75

7. Name and Address of Current Registered Agent

Name: KENNETH REKANT

Street Address (P.O. Box Number is Not Acceptable): 333 41 ST STREET

Suite, Apt. #, Etc.: SUITE 506

City: MIAMI BEACH State: FL Zip Code: 33140

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 12/17/01
REGISTERED AGENT MUST SIGN

CR2E081 (9/00)

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	IRA SCHWARTZ	222 28 STREET	MIAMI BCH FLA 33140
VP	IRA SCHWARTZ	" "	" "
T	IRA SCHWARTZ	" "	" "
S	IRA SCHWARTZ	" "	" "

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: Ira Schwartz IRA SCHWARTZ 12-13-01 305 695 9741
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #