


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 JAN 18 PM 4:04

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P93000028627**

1. Corporation Name  
Croxley, Inc.

2. Principal Office Address 550 Biltmore Way		3. Mailing Office Address 550 Biltmore Way	
Suite, Apt. #, etc. Suite 1120		Suite, Apt. #, etc. Suite 1120	
City & State Coral Gables, Florida		City & State Coral Gables, Florida	
Zip 33134	Country USA	Zip 33134	Country USA

**REINSTATEMENT 00-05**

4. Date Incorporated or Qualified To Do Business in Florida 4-19-1993

5. FEI Number 650458794 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  
Joseph J. Weisenfeld

Street Address (P.O. Box Number is Not Acceptable)  
550 Biltmore Way

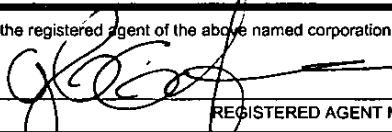
Suite, Apt. #, Etc.  
Suite 1120

City  
Coral Gables

State  
FL

Zip Code  
33134

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 1/18/05

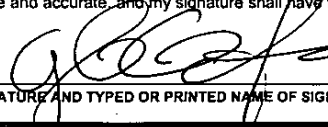
REGISTERED AGENT MUST SIGN

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	Abraham Zabludovsky	550 Biltmore Way, Suite 1120	Coral Gables, FL 33134
S	Perla Zabludovsky	550 Biltmore Way, Suite 1120	Coral Gables, FL 33134
AS	Joseph J. Weisenfeld	550 Biltmore Way, Suite 1120	Coral Gables, FL 33134

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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 under section 119.07(3)(f), 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:  Joseph J. Weisenfeld 1/18/05 305-444-4477

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

CR2E081 (01/05)