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Division of Corporations
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CORPORATION REINSTATEMENT
THE WALWAL CORPORATION

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CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 124941

1. Corporation Name
The Walwal Corporation

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
2533 Royal Palm Way	2533 Royal Palm Way
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Weston, Florida	City & State: Weston, Florida
Zip: 33327 Country: USA	Zip: 33327 Country: USA

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida: 07/24/1931

5. FEI Number: 59-0498633 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED

7. Name and Address of Current Registered Agent

Name: Lori Walder Cohen
Street Address (P.O. Box Number is Not Acceptable): 2533 Royal Palm Way
Suite, Apt. #, etc.
City: Weston State: FL Zip Code: 33327

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: Lori Walder Cohen, Registered Agent — Lori Walder Cohen — Date: 2/16/11

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
DPST	Lori Walder Cohen	2533 Royal Palm Way	Weston, Florida 33327

10. E-mail Address: LUXURYNIKKIREALESTATE@YAHOO.COM
(To be used for future annual report notifications)

11. 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 with 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath; I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Lori Walder Cohen

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2/16/11
DP