PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
2002 JAN 16 PM 2
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 182211

1. Corporation Name
KONHAUZER, INC.

2. Principal Office Address	3. Mailing Office Address
1900 NW CORPORATE BLVD.	1900 NW CORPORATE BLVD.
Suite, Apt. #, etc. 302E	Suite, Apt. #, etc. 302E
City & State BOCA RATON, FL	City & State BOCA RATON, FL
Zip 33431 Country USA	Zip 33431 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 12/17/1954

5. FEI Number 590792990 ☐ 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: GOLDSTEIN & LEWIN C/O MIKE FISHER

Street Address (P.O. Box Number is Not Acceptable): 1900 NW CORPORATE BLVD,

Suite, Apt. #, Etc.: 300

City: BOCA RATON State: FL Zip Code: 33431

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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: Michael Fisher Date: 1/14/02
REGISTERED AGENT MUST SIGN

CR2E031 (8/00)

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	JEFFREY J. WEISS	21237 Harrow Court	Boca Raton, FL 33433

REINSTATEMENT 97-02
C. Coulliette JAN 16 2002

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: 1/14/02 561-994-9077
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #