PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 NOV -3 AM 11:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 248632

1. Corporation Name

TRACO REALTY, INC

W06 - 44243

900080578139
10/06/06--01047--022 **1658.75

CR2E081 (12/05) 03-06

2. Principal Office Address: 18-108 ROYAL PALM WAY

Suite, Apt. #, etc.:

City & State: BOCA RATON, FL

Zip: 33432 Country:

3. Mailing Office Address: same as (2)

Suite, Apt. #, etc.:

City & State:

Zip: Country:

4. Date Incorporated or Qualified To Do Business in Florida: 6/21/62

5. FEI Number: 59-0975380 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: MR. TOBY LANG

Street Address (P.O. Box Number is Not Acceptable): 18-108 ROYAL PALM WAY

Suite, Apt. #, Etc.:

City: BOCA RATON State: FL Zip Code: 33432

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: Toby Lang REGISTERED AGENT MUST SIGN Date: 10-4-06

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
DIR.	DONALD WISE	354 OWEN AVE	FAIRLAWN, NJ 07410
DIR.	TOBY LANG	18-108 ROYAL PALM WAY	BOCA RATON, FL 33432

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 contained in Chapter 119, 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: DONALD WISE 10-4-06 201-939-1600

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

JC 11/8