PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
00 MAY 26 PM 12:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 267457

1. Corporation Name
MAGRAM MOTOR CARS, INC

REINSTATEMENT 96-00

2. Principal Office Address	**3.** Mailing Office Address
5740 SW 58th PLACE	5740 SW 58th PLACE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
SOUTH MIAMI, FL	SOUTH MIAMI, FL
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida 2/25 ~~1963~~

5. FEI Number 59-1119177 — 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 RONALD L. MAGRAM

Street Address (P.O. Box Number is Not Acceptable) 5740 SW 58th PLACE

Suite, Apt. #, Etc.

City SOUTH MIAMI | State FL | Zip Code 33143

500003342585--6
~~08/01/00 01048 020~~
***1350.00 ***1350.00

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 5/19/00
REGISTERED AGENT MUST SIGN

CR2E081 (9/99)

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
~~pres.~~ Dir	RONALD L. MAGRAM	~~5740 SW 58th Pl~~ ~~SOUTH MIA~~	South Miami, FL. 33143
V.P. Dir.	Selma Magram	3640 YACHT CLUB DRIVE #108	Aventura, FL. 33180
Sec. Dir.	DR. NANCY KRSNER, Ph.D	8525 SW 92ST #A3	Miami, FL. 33156

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: _____ 5/19/00 305-740-7979
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #