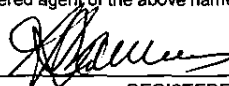
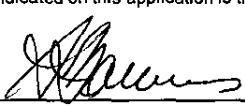


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
<div style="text-align: center;">FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 03 AUG -4 AM 8:00</div>			
<b>DOCUMENT #</b> 342272			
1. Corporation Name BORUCH-DAVID, INC			
2. Principal Office Address 2100 N ATLANTIC AVENUE Suite, Apt. #, etc. SUITE 608 City & State COCOA BEACH FL Zip 32931		3. Mailing Office Address 2100 N Atlantic Ave Suite, Apt. #, etc. Suite 608 City & State Cocoa Beach, FL Zip 32931	
		4. Date Incorporated or Qualified To Do Business in Florida 02/28/1969	
		5. FEI Number 59-1406370	
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name Seymour Baum			
Street Address (P.O. Box Number is Not Acceptable) 2100 N Atlantic Avenue			
Suite, Apt. #, Etc. Suite 608			
City Cocoa Beach		State FL	Zip Code 32931
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 7/28/03	
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 Officers and/or Director	City/State/Zip
Pres	Seymour Baum	2100 N Atlantic Ave	Cocoa Beach, FL 32931
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: 		321-784-6244	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Seymour Baum		Date 7/28/03	Daytime Phone #