

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
FILED

01 JUL 27 PM 2:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 847775			
1. Corporation Name GAZAS N.V., INC.			
2. Principal Office Address 143 HaZionut ave		3. Mailing Office Address 143 HaZionut ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Haifa		City & State Haifa	
Zip 34373	Country ISRAEL	Zip 34373	Country ISRAEL

4. Date Incorporated or Qualified To Do Business in Florida 12/22/1980	
5. FEI Number 59-2168751	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED ☐ \$3.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name CT CORPORATION SYSTEM		
Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road		
Suite, Apt. #, Etc. 900004524939-9 -08/08/01-0109-001 ****900.00 ***900.00		
City Plantation	State FL	Zip Code 33324

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 <i>Carmel Byrum</i>	Date 7/27/01
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
P	ZEEVI, GAD	143 HaZionut	Haifa, Israel 34373
VST	ZEEVI, RAM	143 HaZionut	Haifa Israel 34373
D	CURACAO CORP. COMPANY, N.V.	Handelskade 8, PO Box 812 NA	Curacao, Netherland Antilles
REINSTATEMENT			
00-01 78			

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)(f), 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: <i>Ram Zeevi, VST</i>	Date 7/25/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
Daytime Phone #	

CRZ001 (8/00)