PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS
i105000014246

FILED
05 APR -8 PM 1:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name
MOTIVANO, INC.
F00000002583

REINSTATEMENT 02-05

2. Principal Office Address	3. Mailing Office Address
5405 CYPRESS CTR DR.	230 PARK AVE
Suite, Apt. #, etc. 240	Suite, Apt. #, etc. 10 FLOOR
City & State TAMPA, FL	City & State NY NY
Zip 33609 Country USA	Zip 10169 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 5/9/2000
5. FEI Number 52-2211932 Applied For / Not Applicable
6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent
Name: CORPORATION SERVICE COMPANY
Street Address (P.O. Box Number is Not Acceptable): 1201 HAYS STREET
Suite, Apt. #, Etc.:
City: TALLAHASSEE State: FL Zip Code: 32301

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: Carla Lohi Asst. Vice President Date: 4-8-05
REGISTERED AGENT MUST SIGN

CR2E061 (01/05)

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
CEO	Seif Saghri	230 PARK AVE, NY NY 10169	NY NY 10169
CFO	JOSEPH BASAK	" "	NY NY 10169

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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: Joseph Basak 3/4/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #