PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS				FILLED 03 122 13 21 3:10	
DOCUMENT # F59363 1. Corporation Name				\mathcal{M} 2	
ULTRA FABRICS, INC.				XXX	
2. Principal Office Address 3. Mailing 0 8508 SW 40 Street 8508			ess 10 Street	REINSTATEMENT 03-06	
Suite, Apt. #		Suite, Apt. #, etc.		CR2E081 (12/05) 4. Date Incorporated or Qualified To Do Business in Florida	
City & State Miam	ni, FL	City & State Miami, FL		5. EFNumber 49039 Applied For Not Applicable	
^{Zip} 3315	5 ÜSA	^z 33155	ΰsα	6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
₩åyne H. Rassner					
	7700 N. Rendall Drive			05/01/0601056012 **1200.00	
	Suite Apt. #Etc. 510				
	Miami	4		FL 33156	
8. I, being appointed the registered agent of the above partied corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.					
Signature of Presistand Agent					
Registered Agent Date					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Titles	Name of Street Address of E Officers and/or Directors Officer and/or Directors				
P/D	Brenda Rubin		8 SW 40 Stree	et Miami, FL 33155	
VP/S/D	Daniel Blumin		8 SW 40 Stree	t Miami, FL 33155	
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 filling 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Daytime Phone #					
1	SIGNATURE AND TIPED UK PR	IN LED ROME OF SIGNING	SI FIGER OR DIRECTOR	Date Dayume Priorie #	