

11/20/2001 10:48 FAX

002

Nov. 19. 2001 12:12PM UCS 9618

* Pg 4/5

No. 2728 P. 4/5

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

01 NOV 29 PM 1:34

SECRETARY OF STATE
TALLAHASSEE FLORIDA200004717122--6
-12/10/01--01092--034
***1650.00 ***1650.009501 *[Signature]*

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS																													
DOCUMENT # <i>F93000004814</i> 1. Corporation Name SRT ACQUISITION CORP.																															
2. Principal Office Address		3. Mailing Office Address Dan Massry																													
Dan Massry c/o Wharton Realty		c/o Wharton Realty																													
Suite, Apt. #, etc. One Mill Plaza, Ste. 1, 2100 Highway 35		Suite, Apt. #, etc. 240 West 40th Str., 3rd Fl.																													
City & State Sea Girt, New Jersey		City & State New York, New York																													
Zip 08750	Country U.S.A.	Zip 10018	Country U.S.A.																												
		4. Date Incorporated or Qualified To Do Business in Florida 10/25/93 5. FEI Number 223221624 6. CERTIFICATE OF STATUS DESIRED ☒ \$2.75 Additional Fee required for a Certificate of Status																													
7. Name and Address of Current Registered Agent Name United Corporate Services, Inc. Street Address (P.O. Box Number is Not Acceptable) 9200 South Dadeland Blvd. Suite, Apt. #, Etc. Suite 508 City Miami State FL Zip Code 33156																															
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0603, F.S. Signature of Registered Agent <i>Michael A. Barr, Pres</i> Date 11-28-01 REGISTERED AGENT MUST SIGN																															
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) <table border="1"> <thead> <tr> <th>Title</th> <th>Name of Officers and/or Directors</th> <th>Street Address of Each Officer and/or Director</th> <th>City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>PC</td> <td>Ralph Tawil</td> <td>One Mill Plaza, Suite A 2100 Highway 35</td> <td>Sea Girt, NJ 08750</td> </tr> <tr> <td>VVC</td> <td>Saul Tawil</td> <td>One Mill Plaza, Suite A 2100 Highway 35</td> <td>Sea Girt, NJ 08750</td> </tr> <tr> <td>SD</td> <td>Marilyn Sitt</td> <td>One Mill Plaza, Suite A 2100 Highway 35</td> <td>Sea Girt, NJ 08750</td> </tr> <tr> <td>TD</td> <td>Sharon Sutton</td> <td>One Mill Plaza, Suite A 2100 Highway 35</td> <td>Sea Girt, NJ 08750</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	PC	Ralph Tawil	One Mill Plaza, Suite A 2100 Highway 35	Sea Girt, NJ 08750	VVC	Saul Tawil	One Mill Plaza, Suite A 2100 Highway 35	Sea Girt, NJ 08750	SD	Marilyn Sitt	One Mill Plaza, Suite A 2100 Highway 35	Sea Girt, NJ 08750	TD	Sharon Sutton	One Mill Plaza, Suite A 2100 Highway 35	Sea Girt, NJ 08750								
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip																												
PC	Ralph Tawil	One Mill Plaza, Suite A 2100 Highway 35	Sea Girt, NJ 08750																												
VVC	Saul Tawil	One Mill Plaza, Suite A 2100 Highway 35	Sea Girt, NJ 08750																												
SD	Marilyn Sitt	One Mill Plaza, Suite A 2100 Highway 35	Sea Girt, NJ 08750																												
TD	Sharon Sutton	One Mill Plaza, Suite A 2100 Highway 35	Sea Girt, NJ 08750																												
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 disqualification 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(2)(c), 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>Saul Tawil</i> Date 11/27/01 (212) 391-0170 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																															

Saul Tawil