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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

02 FEB 27 PM 3:26

REINSTATEMENT 00-02

DOCUMENT # F97000004228

1. Corporation Name
Corey Eug, Inc.

2. Principal Office Address	3. Mailing Office Address
11 Grace Avenue	11 Grace Avenue
Suite, Apt. #, etc. Suite 100	Suite, Apt. #, etc. Suite 100
City & State Great Neck, New York	City & State Great Neck, New York
Zip 11021 Country U.S.A.	Zip 11021 Country U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida: August 12, 1997

5. FEI number: 13 2695891 (Applied For / Not Applicable)

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: National Corporate Research, Ltd., Inc.
Street Address (P.O. Box Number is Not Acceptable): 1406 Hays Street
Suite, Apt. #, Etc.: Suite 2
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: [signature] REGISTERED AGENT MUST SIGN Date: 2/27/02

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Dir.	Irwin Corey	11 Grace Avenue, Suite 100	Great Neck, New York 11021
Dir.	Andrea Corey	Same As Above	Same As Above
Pres.	Irwin Corey	Same As Above	Same As Above
V.P. Sec.	Kyle Corey	Same As Above	Same As Above
V.P. Treas.	Andrea Corey	Same As Above	Same As Above

2/27

10. I certify that I am an officer or director of 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 the 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: [signature] 2/26/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #