PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 APR 19 AM 8:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G07874

1. Corporation Name
Mark J. Rutkin, Inc

REINSTATEMENT 01-04

10003309753 1
04/19/04--01074--024 **1200.00

2. Principal Office Address	**3.** Mailing Office Address	
3370 NE 190 Street		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
#3008		
City & State	City & State	
Aventura, FL		

| Zip | Country | Zip | Country |
| 33180 | USA | | |

4. Date Incorporated or Qualified To Do Business in Florida 11/10/82

5. FEI Number 59-2285922 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ — $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name Mark J. Rutkin

Street Address (P.O. Box Number is Not Acceptable)
3370 NE 190 Street

Suite, Apt. #, Etc.
#3008

City Aventura — State FL — Zip Code 33180

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 _____ See below _____ Date _____
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	Mark J. Rutkin	3370 NE 190 Street #3008	Aventura, FL 33180

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E081 (01/04)