

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| APPLICATION<br>FORM 17-99<br>REINSTATEMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                      | FLORIDA DEPARTMENT OF STATE<br>Katherine Harris<br>Secretary of State<br>DIVISION OF CORPORATIONS                 |                                                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| DOCUMENT # 674664<br>1. Corporation Name Rohar Corp.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                      | FILED<br>99 MAY -5 PM 5:20<br>SECRETARY OF STATE<br>TALLAHASSEE, FLORIDA                                          |                                                                   |
| Principal Place of Business<br>c/o Marvin I Wiener P.A.<br>2121 Ponce de Leon Blvd.<br>SUITE 900<br>Coral Gables, FL 33134                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                      | Mailing Address                                                                                                   |                                                                   |
| If above addresses are incorrect in any way, line through incorrect information and enter correction below.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                      |                                                                                                                   |                                                                   |
| 2. New Principal Office Address, If Applicable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                      | 3. New Mailing Office Address, If Applicable                                                                      |                                                                   |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                      | Suite, Apt. #, etc.                                                                                               |                                                                   |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                      | City & State                                                                                                      |                                                                   |
| Zip Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                      | Zip Country                                                                                                       |                                                                   |
| 4. Date Incorporated or Qualified To Do Business in Florida 10/31/83                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                      | 5. FEI Number 592336459                                                                                           |                                                                   |
| 6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                      | Applied For<br>Not Applicable                                                                                     |                                                                   |
| 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                      |                                                                                                                   |                                                                   |
| 1. Title(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 2. Name of Officers and/or Directors | 3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)                            | 4. City / State / Zip                                             |
| PLD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Harry Bloom                          | 19824 Hiawatha St.<br>Chatsworth, Ca.                                                                             | Chatsworth, Ca. 91311                                             |
| stld                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Ross Bloom                           | " "                                                                                                               | " " " "                                                           |
| VID                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Sylvia Bloom                         | " "                                                                                                               | 100002885131-8<br>-05/25/99--01029--019"<br>***1058.75 ***1058.75 |
| VID                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Fern Bloom                           | " "                                                                                                               | " " " "                                                           |
| VID                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Marvin I. Wiener                     | #900, 2121 Ponce de Leon Blvd.                                                                                    | Coral Gables, FL 33134                                            |
| asst Secy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Helene Wiener                        | 2673 Oakbrook Dr.                                                                                                 | Weston FL. 33332                                                  |
| 8. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                      | 9. Name and Address of New Registered Agent                                                                       |                                                                   |
| Marvin I. Wiener<br>#900<br>2121 Ponce de Leon Blvd.<br>Coral Gables, FL 33134                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                      | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>Suite, Apt. #, Etc.<br>City<br>State Zip Code<br>FL |                                                                   |
| 10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                      |                                                                                                                   |                                                                   |
| Signature of Registered Agent Marvin Wiener                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                      | Date 3/21/99                                                                                                      |                                                                   |
| REGISTERED AGENT MUST SIGN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                      |                                                                                                                   |                                                                   |
| 11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                      |                                                                                                                   |                                                                   |
| 12. 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: Marvin Wiener                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                      | 3/21/99 305.445.8888                                                                                              |                                                                   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                      | Date Daytime Phone #                                                                                              |                                                                   |