PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 JAN 29 AM 11:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H 49901

1. Corporation Name
SIMONS CAPITAL, INC.

REINSTATEMENT 06-08
CR2EC81 (12/07)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
12040 E. Mescal St.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Scottsdale, AZ	
Zip / Country	Zip / Country
85259 USA	

4. Date Incorporated or Qualified To Do Business in Florida 4/1/1985

5. FEI Number 59-2563026 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee Required for Certificate of Status

7. Name and Address of Current Registered Agent

Name: Robert W. Pearce, Esq.
Street Address (P.O. box number is Not Acceptable): 1499 W. Palmetto Park Rd
Suite, Apt. #, Etc: Suite # 300
City: Boca Raton State: FL Zip Code: 33486

☑ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: Robert W. Pearce, Esq. Date: 1/24/08
REGISTERED AGENT MUST SIGN

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
P	Frank Simons	1499 W. Palmetto Park Rd Suite # 300	Boca Raton, FL 33486

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10. I certify that I am an officer or director of the reorganized corporation 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., and 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] 1/22/08
SIGNATURE AND TYPED OR PRINTED NAME OF ARISING OFFICER OR DIRECTOR Date Daytime Phone #