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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Kenneth W. Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K32672**
 1. Corporation Name
ALANIRA ACQUISITIONS INC.

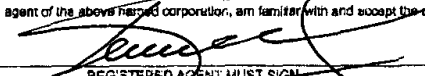
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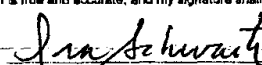
2. Principal Office Address 2925 INDIAN OCEAK DR. 333 41ST STREET		3. Mailing Office Address SUITE 506	
Suite, Apt. #, etc. MIAMI BEACH		Suite, Apt. #, etc. SUITE 506	
City & State FLORIDA		City & State MIAMI BCH FLA	
Zip 33140	Country U.S.A.	Zip 33140	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 11/88	
5. FEI Number 650071347	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED ☒ SB 75 Amended and Restated	

7. Name and Address of Current Registered Agent	
Name KENNETH REKANT	
Street Address (P.O. Box Number is Not Acceptable) 333 41ST STREET	
Suite, Apt. #, Etc. SUITE 506	
City MIAMI BEACH	State FL
	Zip Code 33140

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 	Date 12/12/01

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	IRA SCHWARTZ	222 28 STREET	MIAMI BCH FLA 33140
VP	IRA SCHWARTZ	" "	" "
T	IRA SCHWARTZ	" "	" "
S	IRA SCHWARTZ	" "	" "

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 907.0401 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 118.07(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:  IRA SCHWARTZ		Date 12-13-01	Daytime Phone # 306 695 9741