APPROVED AND FILED

01 JAN 19 PM 4:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT

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

DOCUMENT # K35495

1. Corporation Name

2009 HAMPTONS CORP.

2. Principal Office Address	3. Mailing Office Address
20281 E. Country Club Dr.	20281 E. Country Club Dr.
Suite, Apt. #, etc. Apt. 2009	Suite, Apt. #, etc. Apt. 2009
City & State Aventura FL	City & State Aventura FL
Zip 33180 Country U.S.A.	Zip 33180 Country U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida: September 30, 1988

5. FEI Number: [X] Applied For [ ] Not Applicable

6. CERTIFICATE OF STATUS DESIRED [ ]

7. Name and Address of Current Registered Agent

Name: DAVID FELDMAN, ESQ.

Street Address (P.O. Box Number is Not Acceptable): 407 Lincoln Road

Suite, Apt. #, Etc.: Suite 701

City: Miami Beach State: FL Zip Code: 33139

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***2283.75 ***2275.00

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: David Feldman
REGISTERED AGENT MUST SIGN

Date: 1/10/01

CR2E061 (9/98)

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/D	RIWKA FUHRMAN	20281 E. Country Club Dr., #2009	Aventura FL 33180
VP/S/T/D	ZWI-FUHRMAN	20281-E. Country Club Dr., #2009	Aventura FL 33180

REINSTATEMENT 8921

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: X R. Fuhrman RIWKA FUHRMAN 1/10/01 305-534-4721
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #