

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1012

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC -6 PM 4:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K64366

1. Corporation Name

Hundred Mile Plus Ltd., Inc.

2. Principal Office Address

Ramat Hagolan St

Suite, Apt. #, etc.

13/1

City & State

Jerusalem

Zip

Country

Israel

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

02

**4. Date Incorporated or Qualified
To Do Business in Florida**

2/9/89

5. FEI Number

680427012

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

PARACORP, INC.

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

236 E 6TH AVE.

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32303

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 ATTACHED

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
Pres	Joshua Rabinowitz	Ramat Hagolan St. 13/1	Jerusalem, Israel
Sec'y	"	"	"
CFO	"	"	"

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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:

M. Richard Cutler, Atty in Fact

11/15/02

706-737-6600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)

20f2

STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM

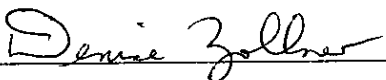
DATE:

ENTITY NAME:

REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated
236 East 6th Avenue
Tallahassee, FL 32303

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in that capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statutes.



Denise Zollner, Assistant Secretary
Paracorp Incorporated