

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR 19 PM 2:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **164366**

1. Corporation Name

HUNDRED MILE PLUS LTD., INC.

REINSTATEMENT

03-04

2. Principal Office Address
RAMAT HAGOLAN STREET

3. Mailing Office Address
SAME

Suite, Apt. #, etc.
13/1

Suite, Apt. #, etc.

City & State
JERUSALEM

City & State

Zip Country
ISRAEL

Zip Country

4. Date Incorporated or Qualified
To Do Business in Florida **02/09/1989**

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. INCORPORATED

800035785748
05/07/04--01085--020 ****903.75**

Street Address (P.O. Box Number is Not Acceptable)
236 E. 6TH AVENUE

Suite, Apt. #, Etc.

City
TALLAHASSEE

State Zip Code
FL 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

Dennis Zellner
Assistant

Date **4/14/04**

REGISTERED AGENT MUST SIGN

Secretary for Paracorp

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
SECR	"	"	"
TRES	"	"	"

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:

JAL **JOSHUA RABINOWITZ**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/28/04
Date

516-620-5919
Daytime Phone #

CR25061 (01/04)

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