PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
02 MAR 25 AM 9:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L86814

REINSTATEMENT 99-02

1. Corporation Name
GOLAN INVESTMENT, INC.

2. Principal Office Address	3. Mailing Office Address
19111 COLLINS AVE.	19111 COLLINS AVE.
Suite, Apt. #, etc. APT 801	Suite, Apt. #, etc. APT 801
City & State SUNNY ISLES BEACH, FL	City & State SUNNY ISLES BEACH, FL
Zip 33160 Country USA	Zip 33160 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 7/13/1990

5. FEI Number 65-0208141 ☐ 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: AMNON GOLAN

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-04/12/02--01112--001
***1208.75 ***1208.75

Street Address (P.O. Box Number is Not Acceptable): 19111 COLLINS AVENUE

Suite, Apt. #, Etc.: #801

City: SUNNY ISLES BEACH State: FL Zip Code: 33160

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: A GOLAN REGISTERED AGENT MUST SIGN Date: 3/18/02

CR2E081 (8/01)

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
DPS	GOLAN, AMNON	19111 COLLINS AVE. #801	SUNNY ISLES BEACH FL 33160
DVP	GOLAN, DINA	19111 COLLINS AVE. #801	SUNNY ISLES BEACH FL 33160
VPT	SCHACHTEL, SARI	19111 COLLINS AVE. #801	SUNNY ISLES BEACH FL 33160
DVP	GOLAN, GUY	19111 COLLINS AVE. #801	SUNNY ISLES BEACH FL 33160

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: A GOLAN AMNON GOLAN 3/18/02 954-382-0020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #