


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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|---|--|---|--|
| <b>CORPORATION REINSTATEMENT</b><br>                                   |  | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Jim Smith</b><br>Secretary of State<br>DIVISION OF CORPORATIONS  |  |
| DOCUMENT # <b>2002UBL</b><br><b>P00000066949</b>  |  |   |  |
| 1. Corporation Name<br><b>MAZAL TOV CO., INC.</b>   |  |   |  |
| 2. Principal Office Address<br><b>601 NE 11 ST</b><br>Suite, Apt. #, etc. <b>414</b><br>City & State <b>FORT LAUDERDALE</b><br>Zip <b>33304</b> Country |  | 3. Mailing Office Address<br><b>601 NE 11 ST</b><br>Suite, Apt. #, etc. <b>414</b><br>City & State <b>FORT LAUDERDALE</b><br>Zip <b>33304</b> Country |  |

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

100009735511  
12/30/02-01020-017 \*\*\*150.00

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|--|-------------------------------|
| 4. Date Incorporated or Qualified To Do Business in Florida <b>07/12/2000</b>  |                               |
| 5. FEI Number <b>651023491</b>   | Applied For<br>Not Applicable |
| 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status |                               |

|   |                 |                       |
|---|-----------------|-----------------------|
| 7. Name and Address of Current Registered Agent                               |                 |                       |
| Name <b>OSTROVSKY URI</b>   |                 |                       |
| Street Address (P.O. Box Number is Not Acceptable) <b>3025 N. OCEAN BLVD.</b> |                 |                       |
| Suite, Apt. #, Etc.   |                 |                       |
| City <b>FORT LAUDERDALE, FL</b>   | State <b>FL</b> | Zip Code <b>33308</b> |

|  |                      |
|--|----------------------|
| 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 <b>OSTROVSKY URI</b><br>REGISTERED AGENT MUST SIGN   | Date <b>12/10/02</b> |

| 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              |
| <b>PD</b>   | <b>OSTROVSKY URI</b>              | <b>3025 N. OCEAN BLVD</b>                      | <b>FT. LAUDERDALE, FL 33308</b> |
|   |                                   |  |                                 |
|   |                                   |  |                                 |
|   |                                   |  |                                 |
|   |                                   |  |                                 |
|   |                                   |  |                                 |

|   |  |                      |                                    |
|---|--|----------------------|------------------------------------|
| 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: <b>OSTROVSKY URI</b><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |  | Date <b>12/10/02</b> | Daytime Phone # <b>754-3671000</b> |

CR2E081 (9/01)

Florida dept. of state  
Division of corporations

*Phyc wfr*  
12/10/02

Dear sir/ madam

REINSTATE : MAZAL TOV CO. INC . 65-1023491

I would like to reinstate the status of the corporation. I never received the application for it.

I Request and appreciated the waiver of the penalty .

SINCERELY

*OSTROVSKY*  
URI OSTROVSKY

PRESIDENT