...STRUCTIONS BEFORE...

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 20 AM 8:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000102658

1. Corporation Name
NICE, Inc.

REINSTATEMENT 01-03

2. Principal Office Address	3. Mailing Office Address
2534 Fisher Island Dr.	2534 Fisher Island Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, Florida	City & State: Miami, Florida
Zip: 33109 Country: USA	Zip: 33109 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: Oct. 31, 2000

5. FEI Number: 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: Nicely Joseph B.

Street Address (P.O. Box Number is Not Acceptable): 1100 West Avenue

Suite, Apt. #, Etc.: Suite 1503

City: Miami State: FL Zip Code: 33139

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: [signature] REGISTERED AGENT MUST SIGN Date: Oct-09-03

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Nir Glouz	2534 Fisher Island Dr.	Miami, Florida 33109

10. I certify that I am an officer or director of the assignee 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 representation name pursuant to 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.

305-538-6265

SIGNATURE: [signature] 10/09/2003
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone #

Hammocks

Florida Department of State
Division of Corporations
Public Access System

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CORPORATION REINSTATEMENT

NICE, INC.

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