PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
OF CORPORATION
04 JUN 25 PM 4:41

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000090094

1. Corporation Name
Robkev, Inc.

7785 Travelers Tree Drive

REINSTATEMENT 02-04

2. Principal Office Address	3. Mailing Office Address
7785 Travelers Tree Drive	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Boca Raton, FL	City & State
Zip: 33433 / Country: USA	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida 09/13/2001

5. FEI Number 65-1151967 ☐ 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: Kevin Streisfeld

Street Address (P.O. Box Number is Not Acceptable): 7785 Travelers Tree Drive

Suite, Apt. #, Etc.

City: Boca Raton | State: FL | Zip Code: 33433

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: Kevin Streisfeld Date: 06/25/2004

REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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
D	Robert Streisfeld	7785 Travelers Tree Drive	Boca Raton, FL 33433
D	Kevin Streisfeld	7785 Travelers Tree Drive	Boca Raton, FL 33433
			000038291570

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: Kevin Streisfeld 06/25/2004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 778490 7179941

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ 1050.00

ORDER DATE : June 25, 2004

ORDER TIME : 3:33 PM

ORDER NO. : 778490-005

CUSTOMER NO: 7179941

CUSTOMER: Denise Seldman, Esq.
Aronauer, Goldfarb Re &
444 Madison Avenue

New York, NY 10022

DOMESTIC FILINGS

NAME: ROBKEV, INC.

RECEIVED
04 JUN 25 PM 4:19
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX ____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward

EXAMINER'S INITIALS _____