PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED

04 NOV -1 AM 8:42

SECRETARY OF STATE TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000104205

1. Corporation Name
UGARIT, INC

314 HIGH STREET
314 HIGH STREET

REINSTATEMENT 02-04

2. Principal Office Address	3. Mailing Office Address
314 HIGH STREET	314 HIGH STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PERTH AMBOY, NJ	City & State: PERTH AMBOY, NJ
Zip: 08861 Country: USA	Zip: 08861 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida OCT 29, 2001

5. FEI Number 34-2009985 ☐ 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: MARGARITA PEREZ
Street Address (P.O. Box Number is Not Acceptable): 7344 SW 48 STREET
Suite, Apt. #, Etc.: 302
City: MIAMI State: FL Zip Code: 33155

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: Margarita Perez REGISTERED AGENT MUST SIGN Date 10/6/04

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
preside	DOUHA YOUSEF	314 HIGH STREET	PERTH AMBOY, NJ 08861

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11/01/04--01052--008 **1050.00

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: DOUHA YOUSSEF PRES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Oct 25, 04 Daytime Phone # 732-442-9224