

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 APR 19 PM 1:59

DOCUMENT # P01000111662

1. Corporation Name
Ginzburg Holdings, INC.

100054203681
05/10/05--01038--005 **608.75

REINSTATEMENT 02-05

2. Principal Office Address
1440 Coral Ridge DR.

3. Mailing Office Address
1440 Coral Ridge DR.

Suite, Apt. #, etc.
366

Suite, Apt. #, etc.
366

City & State
Coral Springs, FL

City & State
Coral Springs, FL

Zip
33071

Country
Broward

Zip
33071

Country
Broward

4. Date Incorporated or Qualified
To Do Business in Florida 11/26/2001

5. FEI Number
65-1154188

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
Michael Ginzburg

Street Address (P.O. Box Number is Not Acceptable)
1440 Coral Ridge DR.

Suite, Apt. #, Etc.
366

City
Coral Springs

State Zip Code
FL 33071

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

REGISTERED AGENT MUST SIGN

Date 4/14/2005

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
CTO	Michael Ginzburg	1440 Coral Ridge DR. Suite 366	Coral Springs, FL 33071

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/14/2005

Date

954-612-1771

Daytime Phone #

CR2E081 (01/05)