PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 FEB -8 PM 12:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000096199

1. Corporation Name
Cedars Travel, Inc.

REINSTATEMENT 04-05

2. Principal Office Address	**3.** Mailing Office Address
824 88th Street	824 88th Street
Suite, Apt. #, etc. ---	Suite, Apt. #, etc. ---
City & State Surfside, FL	City & State Surfside, FL
Zip 33154 / Country USA	Zip 33154 / Country USA

4. Date Incorporated or Qualified To Do Business in Florida 09/05/02

5. FEI Number 52-2376608 — 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: Raphael Cohen
500004690165 5
02/21/05--01010--004 **750.00

Street Address (P.O. Box Number is Not Acceptable): 824 88th Street

Suite, Apt. #, Etc. ---

REINSTATEMENT

City: Surfside — State: FL — Zip Code: 33154

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: R. Cohen — REGISTERED AGENT MUST SIGN — Date 01/25/05

CR2E081 (01/05)

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
P/T	Raphael Cohen	824 88th Street	Surfside/FL/33154
V	Michele Cohen	824 88th Street	Surfside/FL/33154
V	Victoria Henriquez	824 88th Street	Surfside/FL/33154
S	Marin Ganz	824 88th Street	Surfside/FL/33154
		500004690165 5 02/21/05--01010--005 **150.00	

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: R. Cohen — Raphael Cohen, President — 01/25/05 — (305) 866-3080

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