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
500046901655
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
		500046901655 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 #