


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

06 JAN -3 AM 9:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>CORPORATION REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>
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DOCUMENT # P02000118065

1. Corporation Name


CLUB, T INC

REINSTATEMENT 03-05


2. Principal Office Address 4900 SHERIDAN ST		3. Mailing Office Address 4900 SHERIDAN ST	
Suite, Apt. #, etc. 1		Suite, Apt. #, etc. Hollywood	
City & State Hollywood		City & State FL	
Zip 33021	Country Broward	Zip 33021	Country Broward

4. Date Incorporated or Qualified To Do Business in Florida 11-01-2002	
5. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name DORON BEN-HANAN	
Street Address (P.O. Box Number is Not Acceptable) 4900 SHERIDAN ST	
Suite, Apt. #, Etc. 100064016561	01/19/06--01007--024 **158.75
City Hollywood	State Zip Code FL 33021

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 	Date 12/28/05
REGISTERED AGENT MUST SIGN	

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
OWNER	DORON BEN-HANAN	4900 SHERIDAN ST	Hollywood FL 33021

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 DORON BEN-HANAN
Date 12/28/05	Daytime Phone # 444-7179