

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

APPROVED
AND
FILED

05 MAR 21 PM 2:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000001853

1. Corporation Name

KOSHER TRAFFIC INC

2. Principal Office Address

13800 Jog Rd.,

3. Mailing Office Address

Suite, Apt. #, etc.

A1 and A2 and A3

Suite, Apt. #, etc.

City & State

Delray Beach, FL

City & State

Zip

33484

Country

Palm Beach

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

1/02/2003

5. FEI Number

☒ 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

David S. Babich

Street Address (P.O. Box Number is Not Acceptable)

13800 Jog Rd

Suite, Apt. #, Etc.

A1 - A3

City

Delray Beach

State

FL

Zip Code

33484

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

David S. Babich

Date March 16, 2005

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
P/S/T/C	David S. Babich	9637 Shadybrook Drive	Boynton Beach, FL 33437

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

David S. Babich
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David S. Babich

March 16, 2005

Date

561-441-9026

Daytime Phone #

REINSTATEMENT 04-05
MRD

CR2ED01 (01/05)