PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2008 JAN 10 PM 12:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E061 (12/07)

DOCUMENT # P03000123239

1. Corporation Name
DIS MANAGEMENT COMPANY

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1000 South Point Dr	187 Franklin Ave
Suite, Apt. #, etc.: Apt 1402	Suite, Apt. #, etc.
City & State: Miami Beach, FL	City & State: Oakland, NJ
Zip: 33139 Country: Broward	Zip: 07436 Country: Bergen

4. Date Incorporated or Qualified To Do Business in Florida: 10/31/2003

5. FEI Number: 20-0397473 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $30.00 Additional Fee Required

7. Name and Address of Current Registered Agent

Name: CT Corporation System
Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Rd
Suite, Apt. #, Etc.:
City: Plantation State: FL Zip Code: 33324

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: Debbie Diaz Assistant Secretary
REGISTERED AGENT MUST SIGN
Date: 1/7/08

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
PRES	MARSHALL COBURN	1000 South Dr. Apt 1402	Miami Beach, FL 33139
TRES	ALAN DORNFELD	187 FRANKLIN AVE	OAKLAND, NJ 07436

REINSTATEMENT 2004 2008

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 contained in Chapter 119, 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: Alan Dornfeld 1/6/07 2013377054
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Treasurer
Date Daytime Phone #

01/11/2008 10:38 8508785926 CT CORPORATION SYSTM PAGE 02/02

Florida Department of State
Division of Corporations
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(State System Down)

To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5926

RE-SUBMIT
Please retain original filing date of submission 1/10/08

CORPORATION REINSTATEMENT

DIS MANAGEMENT COMPANY

Certificate of Status	0
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