2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 26, 2008
Secretary of State

DOCUMENT# P07000039409

Entity Name: CAFE EILAT, INC.

Current Principal Place of Business:

22217 HOLLYHOCK TRAIL
BOCA RATON, FL 33433

New Principal Place of Business:

6853 SW 18TH ST
BOCA RATON, FL 33433

Current Mailing Address:

22217 HOLLYHOCK TRAIL
BOCA RATON, FL 33433

New Mailing Address:

6853 SW 18TH ST
BOCA RATON, FL 33433

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ARIEL, MOSHE
22217 HOLLYHOCK TRAIL
BOCA RATON, FL 33433 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MOSHE ARIEL
Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: AHARON, MICHAEL
Address: 22217 HOLLYHOCK TRAIL
City-St-Zip: BOCA RATON, FL 33433

Title: VP ( ) Delete
Name: ARIEL, MOSHE
Address: 22217 HOLLYHOCK TRAIL
City-St-Zip: BOCA RATON, FL 33433

Title: VP ( ) Delete
Name: HASSAN, SHILO
Address: 22217 HOLLYHOCK TRAIL
City-St-Zip: BOCA RATON, FL 33433

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL AHARON P 10/26/2008
Electronic Signature of Signing Officer or Director — Date