PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
1996 DEC 16 PM 1:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P36621

1 Corporation Name

ANGKOR HOLDINGS CORP.

Principal Place of Business	Mailing Address
THERREL BAISDEN & MEYER, ESQ. 1111 LINCOLN ROAD, SUITE #500 MIAMI BEACH FL 33139	THERREL BAISDEN & MEYER, ESQ. 1111 LINCOLN ROAD, SUITE #500 MIAMI BEACH FL 33139

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
8038 W Sample Rd	8038 W Sample Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Margate FL	City & State: Margate FL
Zip: 33065 Country: ~~USA~~	Zip: 33065 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 12/11/1991

5. FEI Number: 65-0292021 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
CD	SHTEREMBERG, PINIE	9340 STEVENS ROAD	SANTEE CA
VCD	SHTEREMBERG, ANA H.	9340 STEVENS ROAD	SANTEE CA
V	SHTEREMBERG, ANA H.	9340 STEVENS ROAD	SANTEE CA
PS	SHTEREMBERG, PINE	9340 STEVENS ROAD	SANTEE CA
1			500002033165--3 -12/19/96--01006--004 ****392.50 ****392.50
			REINSTATEMENT avd 12/17/96

8. Name and Address of Current Registered Agent

ROSE, LEO, JR., ESQ.
1111 LINCOLN ROAD
SUITE 500
MIAMI BEACH FL 33139

9. Name and Address of New Registered Agent

Name: DI-D Gold Coast Mgt
Street Address (P.O. Box Number is Not Acceptable): 8038 W Sample Rd
Suite, Apt. #, Etc.:
City: Margate FL State: FL Zip Code: 33065

CR2E040 (7/96)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: [signature] Date: 9-18-96
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐ (See other side for information on intangible tax.)

12 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-18-96 Date

954 753-8786 Daytime Phone #

0037014 AP