PLEASE READ ALL INSTRUCTIONS BEFORE

FILED
03 FEB 21 PM 2:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

900014091859
03/14/03--01058--023 **8.75

900014091859
03/14/03--01058--022 **300.00

DOCUMENT # P93000036312

1. Corporation Name

OZIRAN ASSOCIATES, INC.

2. Principal Office Address	**3.** Mailing Office Address
3180 S. Ocean Dr.	3180 S. Ocean Dr.
Suite, Apt. #, etc. #516	Suite, Apt. #, etc. #516
City & State Hallandale	City & State Hallandale
Zip 33009 Country USA	Zip 33009 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 5/19/1993

5. FEI Number 65-0435951 ☐ 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: MANNY APFELBAUM

Street Address (P.O. Box Number is Not Acceptable): 3180 S. Ocean Dr.

Suite, Apt. #, Etc: #516

City: Hallandale | State: FL | Zip Code: 33009

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: Manny Apfelbaum — REGISTERED AGENT MUST SIGN

Date: 2/14/2003

CR2E091 (10/02)

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
D	Apfelbaum Manny	3180 S. Ocean Drive #516	Hallandale, FL. 33009

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: Manny Apfelbaum — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 2/13/03

Daytime Phone #: (954) 456-4013