PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
00 APR 25 PM 2:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000044727

1. Corporation Name

CIPCO CORPORATION INC

2. Principal Office Address
3250 N US HWY 1
Suite, Apt. #, etc. —

3. Mailing Office Address
3250 N US HWY 1
Suite, Apt. #, etc. —

City & State
MIMS FLORIDA

City & State
MIMS FLORIDA

Zip 32754 Country —

Zip 32754 Country

REINSTATEMENT 8-00

4. Date Incorporated or Qualified To Do Business in Florida JUNE 24-1993

5. FEI Number
59-3188573
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 RAMESH. M. KADIWAR

Street Address (P.O. Box Number is Not Acceptable)
485 LAKEPARK TRAIL
Suite, Apt. #, Etc. —

City OVIEDO

State FL Zip Code 32765

2000032494522-6
05/12/00--01009--006
***1058.75 ***1058.75

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 _R. m. Kadiwar_
REGISTERED AGENT MUST SIGN

Date 03/31/2000.

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
MR	RAMESH. M. KADIWAR	485 LAKE PARK TRAIL	OVIEDO, FL 32765
MRS.	ILADEVI R. KADIWAR	485 LAKE PARK TRAIL	OVIEDO, FL 32765

KE

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.

(407)

SIGNATURE: _R. m. Kadiwar._
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/20/2000 267.8362
Date Daytime Phone #

CR2E081 (9/99)