

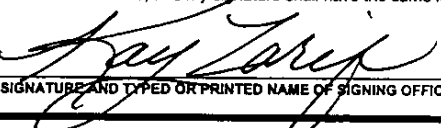


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		<div style="border: 1px solid black; padding: 5px; transform: rotate(-5deg);">FILED 08 AUG 28 AM 8:35 CLERK OF STATE TALLAHASSEE, FLORIDA 600135069306 08/28/08--01036--004 **758.75 REINSTATEMENT 08/28/08 (12/07) 04-08</div>	
DOCUMENT # P94000042834					
1. Corporation Name THE ZARIF MANAGEMENT CO.					
2. Principal Office Address - No P.O. Box # 561 N. Mashta Dr			3. Mailing Office Address 14001 SW 104 Pl.		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Key Biscayne, FL			City & State Miami, FL		
Zip 33149	Country U.S.A.	Zip 33176	Country U.S.A.	4. Date Incorporated or Qualified To Do Business in Florida 06/03/1994	
5. FEI Number 650517516				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name Morgan, Philip J.					
Street Address (P.O. Box Number is Not Acceptable) 200 E. Las Olas Blvd.					
Suite, Apt. #, Etc. Suite 1900					
City Fort Lauderdale			State FL	Zip Code 33301	
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 				Date August 25, 2008	
<small>REGISTERED AGENT MUST SIGN</small>					
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	
DP	Zarif, Kay	651 N. Mashta Dr.		Key Biscayne, FL 33149	
DTS	Sarif, Salem	651 N. Mashta Dr.		Key Biscayne, FL 33149	
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: 		Kay Zarif		08/25/2008. 305-361-2278	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

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