PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION** Sandra B. Mortham FOR FILED Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS 97 FEB -4 AM 9: 06 DOCUMENT # 7950000 46577 SECRETARY OF STATE TALLAHASSEE, FLORIDA COHEN GENEVAL CONTRACTORS INC Mailing Address Principal Place of Business 1304 LUNSTON ST REINSTATEMENT 94-97 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 Date Incorporated or Qualified To Do Business in Florida Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number City & State City & State \$8.75 Additional Fee required Country Country 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) Name of Officers Street Address of Each Title(s) Officer and/or Director
(Do NOT Use Post Office Box Numbers) City / State / Zip ERIC D. COHEN FUNSTAN ST Hollywood, 7L 33019 1304 900002080789--8 02/06/97--01130--001 ****915.00 ****915.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent ERIC LAWVENCE J. SPIEGEL CHRTD 343 ALMEVIA AUE CORAL/GABLES 7L 33134 Street Address (P.O. Box Number is Not Acceptable) City Hollywood sered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505. F.S Signature of Registered Agent REGISTERED AGENT MUST SIGN 11. Does this corporation pay any intangible tax to the (See other side for information on intangible tax.) Dept. of Revenue under S. 199.032, Florida Statutes. 12.1 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 filling 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. THE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRICE 3197 3058952100 SIGNATURE:

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