PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION Katherine Harris FOR** Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS 99 HAY 24 PH 1:43 DOCUMENT # 1. Corporation Name TALLAHASSEE, FLORIDA Revival, Inc. Mailing Address Principal Place of Business 40 Rector Street 40 Rector Street #1622 #1622 New York, NY 10006 New York, NY 10006 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 6555 Garden Road Suite, Apt #, etc. 6555 Garden Road Suite, Apt. #, etc. August 25, Bay #16 City & State Bay # 16 City & State Applied For 65-0623926 Riviera Beach, FL Riviera Beach, FL \$8.75 Additional Fee required Country Country CERTIFICATE OF STATUS DESIRED 🔲 USA 33404 33404 USA 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 Trtle(s) and/or Directors Officer and/or Director (Do NOT Use Post Office Box Numbers) City / State Zip P/DViatcheslav Zagorouiko 6555 Garden Road, Bay #15 Riviera Bch, FL 33404 6555 Garden Road, Bay #15 Riviera Bch, FL 33404 T/D Anatoly Golubenko 6555 Garden Road, Bay #16 Riviera Bch, FL 33404 s/D Nikolay V. Golubenko 6--78888000018 -06/08/99--01048--013 ***1200,00 ***1200,00 9. Name and Addres New Registered Agent 8. Name and Address of Current Registered Agent Corporation Service Company Viatcheslav Zagorouiko Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street 6555 Garden Road, Bay #16 Suite, Apt. #, Etc. Tallahassee, FL 32301 Bay #16 State Zip Code FL 33404 Riviera Bch

10. 1, 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 Viatcheslav Zagorouiko Registered Agen 11. This corporation owes the current year (See other side for information on intangib e tax) Intangible Personal Property Tax due June 30. 2. Lectify 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 cerify that when filing this reinstalement 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Zagorouiko | Dale Dayle & Phone #