PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 OCT 21 AM 9:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000028374

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11/05/02--01036--006 **8.75

1. Corporation Name

THE CURA GROUP, INC.

2. Principal Office Address	3. Mailing Office Address
501 NW 21st Avenue	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Suite 350	
City & State	City & State
Fort Lauderdale	
Zip / Country	Zip / Country
33309 USA	

4. Date Incorporated or Qualified To Do Business in Florida: April 2, 1996

5. FEI Number: 65-0653827 — XX 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: United Corporate Services, Inc.

Street Address (P.O. Box Number is Not Acceptable): 9200 Dadeland Blvd., Ste 508

Suite, Apt. #, Etc.:

City: Miami, FL 33156 — State: FL — Zip Code: 33156

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: Michael A. Barr, Pres. — Date: 10/21/02

REGISTERED AGENT MUST SIGN

CR2E061 (9/01)

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
Pres	Dan Pixler	501 NW 21st Avenue	Ft. Lauderdale FL 33309
Secty	Peter Campitiello	477 Madison Avenue	New York NY 1002

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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: 10/18/2 — 212/751-1414

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Peter Campitiello, Secretary

Date: 10/18/02 — Daytime Phone #: 212/751-1414