APPROVED AND FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

02 FEB -7 PM 2:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000047465

1. Corporation Name
RUGMARK, INC.

REINSTATEMENT 2000-2002

2. Principal Office Address	3. Mailing Office Address
1855 Griffin Road	(SAME)
Suite, Apt. #, etc.: C262	Suite, Apt. #, etc.
City & State: Dania, FL	City & State
Zip: 33004 Country: USA	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 6/5/96

5. FEI Number: 65-0687711 ☐ 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: HERMAN SCHWARTZ

200004932012--8
-02/18/02--01005--004
***1058.75 ***1058.75

Street Address (P.O. Box Number is Not Acceptable): 3925 Meridian Ave. #2

Suite, Apt. #, Etc.:

City: Miami Beach, FL State: FL Zip Code: 33140

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 X _____ Date X 2/5/02
REGISTERED AGENT MUST SIGN

CR2E081 (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
PS	HERMAN SCHWARTZ	3925 MERIDIAN AVE. #2	Miami Beach, FL 33140

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: X _____ HERMAN SCHWARTZ X 2/5/02 X 954-921-5701
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Charter Number Only

VALIDATION ONLY

2/5/02

Chayim Kessler
Requestor's Name
1440 79th Street Causeway #302
Address
Miami Beach, FL 33141
City State ZIP Phone
(305) 867-3610 B

CORPORATION(S) NAME

Bugmark, Inc.

( ) Profit
( ) NonProfit ( ) Amendment ( ) Merger

( ) Foreign ( ) Dissolution ( ) Mark

( ) Limited Partnership ( ) Annual Report ( ) Other
( ) Reinstatement ( ) Reservation ( ) Change of Registered Agent

( ) Certified Copy ( ) Photo Copies ( ) Certificate Under Seal

( ) Call When Ready ( ) Call If Problem ( ) After 4:30
( ) Walk In ( ) Will Wait ( ) Pick Up ( ) Mail Out

Name Availability
Document Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

RECEIVED
02 FEB -7 AM 10:04
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Empire Toll Free: 1-800-432-3028