

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 JAN 31 AM 10:05

DOCUMENT # P96000059632

1. Corporation Name

SHLOMO CORPORATION

Principal Place of Business

520 BRICKELL KEY DRIVE
SUITE 0-305
MIAMI FL 33131

Mailing Address

520 BRICKELL KEY DRIVE
SUITE 0-305
MIAMI FL 33131



If above addresses are incorrect in any way, line through incorrect information and enter correction below

REINSTATEMENT 02-03

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07/16/1996	
City & State		City & State		5. FEI Number	
Zip		Country		65-0703471	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required 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)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
D	GROSS, MIRON DR.	520 BRICKELL KEY DRIVE #0-305	MIAMI FL 33131
AS	HABER, ROBERT M	520 BRICKELL KEY DRIVE, #305	MIAMI FL 33131
DP	Yoram Ginach	99 Park Avenue	New York NY 10016
D	Sharon Chinitz	99 Park Avenue	New York NY 10016
			600012237616 02/11/03--01003--020 **908.75

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
	Name Robert M. Haber Street Address (P.O. Box Number is Not Acceptable) 520 Brickell Key Drive, Suite, Apt. #, Etc. Suite 0-305 City Miami State FL Zip Code 33131

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Robert M. Haber
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

1/24/03

11. 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:

Robert M. Haber
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/24/03

3053743800