PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 AUG 24 AM 8:00

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000069779

1. Corporation Name

Gurberk Inc.

REINSTATEMENT 03-04 MRS

2. Principal Office Address	**3.** Mailing Office Address
140 E. Flagler St.	140 E. Flagler St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, FL	City & State: Miami, FL
Zip: 33131 Country: Dade	Zip: 33131 Country: Dade

4. Date Incorporated or Qualified To Do Business in Florida: 08/21/1996

5. FEI Number: 65-0707982 ☐ 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: HULUSI U. GURBUZ

Street Address (P.O. Box Number is Not Acceptable): 15635 S.W. 61st TERRACE

Suite, Apt. #, Etc.:

City: MIAMI State: FL Zip Code: 33193

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: _____ Date: 8/19/04

REGISTERED AGENT MUST SIGN

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
D	IRFAN ARAS	97 Pleasant Hill Rd	Chester, NJ 07930
D	ERBIL YILMAZ	227 River Walkway	Clifton, NJ 07014
D	SERDAR AYBERK	825 West End Ave 7D	New York, NY 10025
		900040687319 08/31/04--01032--005 **900.00	

10. I certify that I am an officer or director of 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: _____ 8/19/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #