PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
01 OCT -1 AM 10:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # P97000046759

1. Corporation Name
Adult Age Verification Services, Inc.

REINSTATEMENT 2001

2. Principal Office Address	3. Mailing Office Address
2851 Hammondville Rd	545 Madison Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc. 6th Floor
City & State: Pompano Beach, FL	City & State: New York, NY
Zip: 33069 Country:	Zip: 10022 Country:

4. Date Incorporated or Qualified To Do Business in Florida: 5/28/97

5. FEI Number: 65-0756169 ☐ 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: Bernard M. Marcus LS

Street Address (P.O. Box Number is Not Acceptable): 2851 Hammondville Road

Suite, Apt. #, Etc.:

City: Pompano Beach State: FL Zip Code: 33069

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: Bernard M. Marcus (REGISTERED AGENT MUST SIGN) Date: September 25, 2001

CR2E081 (9/00)

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
P	Bernard M. Marcus	2851 Hammondville Road	Pompano Beach, FL 33069
S	Anthony Ottaviano	545 Madison Ave., 6th Floor	New York, NY 10022
T	Michael Ciccoricco	545 Madison Ave, 6th Floor	New York, NY 10022

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: Anthony Ottaviano 9/26/01 (212)583-0211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #