## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2. Principal Office Address 2.0.22   N.E.   SM CH.   State   47 9   Holiday Dr.   Sulte   April # 60.    Sulte   April # 60.   Sulte   April # 60.    Sulte   April # 60.   Sulte   April # 60.    Sulte   April # 60.   Sulte   April # 60.    A. Date incorporated or Qualified   II   17   199 4    Applied For   A	REII DOC	RPORATION STATEM!	# Silverw	Kather Secreta DIVISION OF	RTMENT OF STATE rine Harris ary of State corporations	02 SEC TAL	FILED FEB -4 AN 9:37 CRETARY OF STATE LAHASSEE, FLORIDA		
Suite, Apt. 4, etc.  A. Date incorporated or Qualified To Do Business in Florida 11/17/1997  Applied For Managery 10 to Do Business in Florida 11/17/1997  S. FERNAMON 10 to Do Business in Florida 11/17/1997  Applied For Managery 10 to Do Business in Florida 11/17/1997  S. FERNAMON 10 to Do Business in Florida 11/17/1997  Applied For Managery 10 to Do Business in Florida 11/17/1997  To Name and Address of Current Registered Agent  Namo MORE SEARLD W. ES Q  Street Address (P.O. Box Namber's Not Acceptable)  Suite, Apt. 4, Etc.  Suite, Apt. 4, Etc.  The Suite Applied For Not Acceptable 12 to Do Box Namber's Not Name 12 to Do Box Name 1	2 Princip	oal Office Address						•	
Suite, Apt. 8, etc.  Suite, Apt. 8, etc.  Suite, Apt. 8, etc.  A. Date incorporated or Qualified To Do Bushinson on Plottos  II   77   99.7  Applied The Applied T						REM	STATEMEN	199-02	
City & State  Mian, FL  Willanda   FL  Set   Hullanda   FL  Set   Hullan	-			<del> </del>	7011-7				
Miami   FL	-		·				4. Date Incorporated or Qualified To Do Business in Florida 11/17/1997		
33179. U. S. A. 33009 U. S. A. 6. CERTIFICATE OF STATUS DESIRED 3315 Additional For sequence of Status Desired Agent  7. Name and Address of Current Registered Agent  Name  MORE GERALD. W. ES Q.  Street Address (P.O. Box Number is Not Acceptable) 333 N. E. 23 rd. St02/26/1201172011  Suite. Apt. #. Etc. ###1 200.00 ###1 200.00  City Mi'ami  8. I, being appointed the recolvered agent of the above named corporation must list at least 3 directors)  P. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  P. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  P. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  P. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  P. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  P. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  P. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  P. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  P. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporation have been demanded to the corporation have been demanded to the corporation have been demanded to the corporation have address of Each Officer or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, E.S. Intriber cartily that when filling this reinstatement application, the reason for discolution has been eliminated. The corporate name satisfies the requirements of section 607,0401 or 617,0401, F.S., that all less owed by the cop	Miani, FL			Halland	Hallandale FL		5. FEI Number Applied For		
Street Address (P.O. Box Number is Not Acceptable)  333 N.E. 23 M.S						OCENTIFICATE OF STATUS DESIDED 30.73 Additional Fee required			
Street Address (P.O. Box Number is Not Acceptable)  333 N.E. 23rd St. 2000 ***  Suite, Apt. #, Etc. ***  ********************************		Name	·	7. Name and	Address of Current Registe	red Agent	<del></del>		
8. I, being appointed the restlered agent of the above named corporation am familiar with and accept the obligations of section 607.0503 r. 617.0503, F.S.  Signature of Registered Agent REGISTERED AGENT MUST SIGN  9. Names and Street Addresses of Each Officer and/or Directors Street Address of Each Officer and/or Directors Officer and/or Directors Officer and/or Director Officer and/or D	M OORE, GELALD. W. ESQ.         Street Address (P.O. Box Number is Not Acceptable)         333 N.E. 234 St.         Colspan="2">20000502184.2 - 7         02/26/0201072011         Suite, Apt. #, Etc.         ****1200.00 *****200.00								
9. Names and Street Addresses of Each Officer and/or Directors  Name of Officers and/or Directors  Name of Officers and/or Directors  PROR, NADAV 479 Holidag Dr. Hallandale FL 33009  DROR, Yoav 479 Holidag Dr. Hallandale FC 33009  DROR, ROSA 4799 Holidag Dr. Hallandale FC 33009  DROR, ROSA 4799 Holidag Dr. Hallandale FC 33009  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.			A .	——————————————————————————————————————			1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		
Titles Name of Officers and/or Directors Street Address of Each Officer and/or Director City / State / Zip  PROR, NADAV 479 Holiday Dr. Hallandale FL 33co9  DROR, Yoav 479 Holiday Dr. Hallandale FC 33co9  DROR, ROSA 479 Holiday Dr. Hallandale FC 33co9  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 filling 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:	Signature o	of /	-Fau	3 h l h	25	bligations of secti		<b>ZO</b> ,	
Officer and/or Director  PROR, NADAV  479 Holidag Dr.  Hallundale FC 33009  DROR, YOAV  479 Holidag Dr.  Hallundale FC 33009  DROR, ROSA  479 Holidag Dr.  Hallundale FC 33009  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:    1986   1987   1988	9. Names	and Street Add	resses of Each Officer an	d/or Director (Florida nonpr	rofit corporations must list at le	east 3 directors)			
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SIGNATURE:    1/79/07 365-778-6806   SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Davigne Phone #	this rei owed b	nstatement appli by the corporation	cation, the reason for diss n have been paid and the	solution has been eliminated names of individuals listed	<ol> <li>the corporate name satisfies on this form do not qualify for a</li> </ol>	the requirements an exemption und	of section 607 0401 or 617 0401	F.S. that all fees	
2 Say Mille Friend W	SIGNA		ATURE AND TYPED OR PR	INTED NAME OF SIGNING OF	FICER OR DIRECTOR	1/-	9/02 365-77. Date Daytime I	8-6706 Phone #	