PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
03 FEB 21 PM 12:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000040993

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02/05/03--01040--007 **900.00

REINSTATEMENT 02-03

1. Corporation Name

Sarodal, Inc.

2. Principal Office Address	3. Mailing Office Address
4875 N.Federal Highway	4875 N. Federal Highway
Suite, Apt. #, etc.: 7th Floor	Suite, Apt. #, etc.: 7th Floor
City & State: Ft. Lauderdale, FL	City & State: Ft. Lauderdale, FL
Zip: 33308 Country: US	Zip: 33308 Country: US

4. Date Incorporated or Qualified To Do Business in Florida: 5/6/1998

5. FEI Number: 65-0833978 ☐ 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: Arthur R. Rosenberg

Street Address (P.O. Box Number is Not Acceptable): 4875 North Federal Highway

Suite, Apt. #, Etc.: 7th Floor

City: Fort Lauderdale State: FL Zip Code: 33308

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: [signature] REGISTERED AGENT MUST SIGN Date: 2/19/03

CR2E051 (10/02)

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
DP	Joan Ann Van Eiszner	4875 No. Federal Hwy. 7th Floor	Ft.Lauderdale, FL 33308

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 [signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/03 Date

954-772-5757 Daytime Phone #

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