




PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 05 JUN -1 AM 9:57 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # P98000043102				
1. Corporation Name Menaker Investments II, Inc.				
2. Principal Office Address 9838 Lake Louise Dr. Suite, Apt. #, etc.		3. Mailing Office Address Same Suite, Apt. #, etc.		
City & State Windermere, FL		City & State		
Zip 34786	Country US	Zip	Country	
		4. Date Incorporated or Qualified To Do Business in Florida 5-8-98		
		5. FEI Number 59-3511634	Applied For <input type="checkbox"/> Not Applicable	
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status		
7. Name and Address of Current Registered Agent				
Name Mitchell G. Menaker				
Street Address (P.O. Box Number is Not Acceptable) 9838 Lake Louise Dr.				
Suite, Apt. #, Etc.				
City Windermere		State FL	Zip Code 34786	
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 5/20/05		
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	
Pres / VP / D	Mitchell G. Menaker	9838 Lake Louise Dr.	Windermere, FL 34786	
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: 		Date 5/20/05	Daytime Phone # 407-948-2853	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				

CR2E031 (01/05)