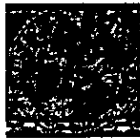


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000002355

1. Corporation Name

TUPEX, INC.

2. Principal Office Address

3325 Griffen Road
-3325 Griffen Road

3. Mailing Office Address

3325 Griffen Road

Suite, Apt. #, etc.

Suite 257

Suite, Apt. #, etc.

Suite 257

City & State

FT. LAUDERDALE, FL

City & State

FT. LAUDERDALE, FL.

Zip

33312

Country

BROWARD

Zip

33312

Country

BROWARD

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

59-3556639

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name

TEMPKINS, HARRY

Street Address (P.O. Box Number is Not Acceptable)

420 LINCOLN ROAD

Suite, Apt. #, Etc.

SUITE 258

City

MIAMI BEACH

State

FL

Zip Code

33139

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 X**

Date 08-23-02

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	ARNOLD HANTMAN	3325 Griffen Road Suite 257	Ft. Lauderdale, Fl. 33312

REINSTATEMENT 00-02

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:

ARNOLD HANTMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 08-23-02 **Daytime Phone #** 954-963-0054

Date

Daytime Phone #

CR2E081 (8/01)