PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

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

FILED
01 MAY -3 PM 2:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000023574

**1.** Corporation Name

Seekonk Investment Corp.

| **2.** Principal Office Address | **3.** Mailing Office Address |
|---|---|
| 350 Camino Gdns. Blvd. | |
| Suite, Apt. #, etc.: #200 | Suite, Apt. #, etc. |
| City & State: Boca Raton, FL | City & State |
| Zip: 33432 Country: USA | Zip Country |

0001

**4.** Date Incorporated or Qualified To Do Business in Florida: 3-10-99

**5.** FEI Number: 65-0901606 [ ] 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: C T Corporation System

600004195146--2
-05/11/01--01025--007
****758.75 ****758.75

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.:

600004195146--2
-05/11/01--01025--008
****41.25 ****41.25

City: Plantation State: FL Zip: 33324

**8.** I, having been appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: Vicky Goldstein
REGISTERED AGENT MUST SIGN

VICKY GOLDSTEIN
SPECIAL ASSISTANT SECRETARY

Date: 4/30/01

**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 | Ira Smolev | 350 Camino Gdns. Blvd | #200, Boca Raton, FL 33432 |
| | | | |
| | | | |
| | | | |
| | | REINSTATEMENT 00-01 | TB |

**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:** - Pres 4-27-01 561-362-6715

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #