PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
02 FEB 28 PM 11:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00-02

REINSTATEMENT

DOCUMENT # P99000056084

1. Corporation Name
Corporate Executive Suites 441, Inc.

2. Principal Office Address	3. Mailing Office Address
1900 Corporate Blvd., NW	1900 Corporate Blvd., NW
Suite, Apt. #, etc. Suite 400E	Suite, Apt. #, etc. Suite 400E
City & State Boca Raton, Fl.	City & State Boca Raton, Fl.
Zip 33431 Country USA	Zip 33431 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 6/21/99

5. FEI Number 65-0948282 ☐ 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: David A. Netburn

100005073761--7
-03/08/02--01068--024
****900.00 ****900.00

Street Address (P.O. Box Number is Not Acceptable): 9734 W. Sample Rd.

Suite, Apt. #, Etc.

City: Coral Springs | State: FL | Zip Code: 33065

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 2/26/02
REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

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/D	Henri Galel	1900 Corporate Blvd. NW Suite 400E	Boca Raton, Fl. 33431
S/T/D	Yoram Galel	1900 Corporate Blvd, NW Suite 400E	Boca Raton, Fl. 33431
VP/D	Dave Zimet	1900 Corporate Blvd., NW ~~Suite 400E~~	Boca Raton, Fl. 33431

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: _____ YORAM GALEL 02/26/02 561-988-2500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Charter Number Only

2/26/02 Renee'

Rolnick & Netburn

Requestor's Name

9734 W. Sample Rd.

Address

Coral Springs, FL 33065

City State ZIP Phone

(954) 346-5001

VALIDATION ONLY

CORPORATION(S) NAME

Corporate Executive Suites 441, Inc.

( ) Profit
( ) NonProfit ( ) Amendment ( ) Merger

( ) Foreign ( ) Dissolution ( ) Mark

( ) Limited Partnership ( ) Annual Report ( ) Other
(X) Reinstatement ( ) Reservation ( ) Change of Registered Agent

( ) Certified Copy ( ) Photo Copies ( ) Certificate Under Seal

( ) Call When Ready ( ) Call If Problem ( ) After 4:30
(X) Walk In ( ) Will Wait (X) Pick Up ( ) Mail Out

Name Availability
Document Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

Empire Toll Free: 1-800-432-3028