

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # PP9000094391			
1. Corporation Name CIGDEM, INC.			
2. Principal Office Address 1741 N. Dixie Hwy		3. Mailing Office Address 1741 N. Dixie Hwy	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Pompano Beach, FL		City & State Pompano Beach, FL	
Zip 33064	Country	Zip 33064	Country

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**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

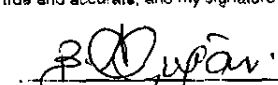
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4. Date Incorporated or Qualified To Do Business in Florida 10/26/99	
5. FEI Number 65-0995751	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name Douglass Kreis	800003434498--8
Street Address (P.O. Box Number is Not Acceptable) 2790 N. Federal Hwy	-10/23/00--01017--019
Suite, Apt. #, Etc. # 201	***150.00 ***150.00
City Boca Raton	State Zip Code FL 33432

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 10/11/00
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
Dir. P.V.P. Sec	Boz Kurt Alpugan	1741 N. Dixie Hwy	Pompano Bch FL 33064

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: 	10/11/00 9547845545
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #

KE