PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

DOCUMENT # P00000094391

FILED
00 OCT 16 PM 2:18
SECRETARY OF STATE
TALLAHASSEE FLORIDA

2000 UBE

1. Corporation Name

CIGDEM, INC.

2. Principal Office Address	3. Mailing Office Address
1741 N. Dixie Hwy	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:

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

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-10/23/00--01012--019
****150.00 ****150.00

Name: Douglass Kreis

Street Address (P.O. Box Number is Not Acceptable): 2790 N. Federal Hwy

Suite, Apt. #, Etc.: # 201

City: Boca Raton State: FL Zip Code: 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

CR2E081 (9/99)

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,VP,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: B Alpugan 10/11/00 954 784 5545
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

KE