

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ATX1

CORPORATION REINSTATEMENT FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 JUL -8 PM 1:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000101367

1. Corporation Name

CORPORATE EXECUTIVE SUITES MIZNER INC

2. Principal Office Address 1900 NW CORPORATE BLVD, Suite 4		3. Mailing Office Address	
Suite, Apt. #, etc. 400E		Suite, Apt. #, etc.	
City & State BOCA RATON, FL		City & State	
Zip 33431	Country USA	Zip	Country

REINSTATEMENT 03/05


4. Date Incorporated or Qualified To Do Business in Florida 11/18/1999	
5. FEI Number 65-0968719	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	

\$8.75 Additional Fee required for a Certificate of Status

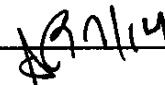
7. Name and Address of Current Registered Agent

Name DAVID NETBURN		
Street Address (P.O. Box Number is Not Acceptable) 6800 W COMMERCIAL BLVD # 5		
Suite, Apt. #, Etc.		
City FORT LAUDERDALE	State FL	Zip Code 33319

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 _____
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	HENRI GALEL	1900 NW CORPORATE BLVD #400E	BOCA RATON, FL 33431
D	YORAM GALEL	1900 NW CORPORATE BLVD #400E	BOCA RATON, FL 33431
D	DAVE ZIMET	1900 NW CORPORATE BLVD #400E	BOCA RATON, FL 33431
			200057217642 07/08/95--01036--007 **950.00 

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 DIRECTOR** Date _____ Daytime Phone # **561 988 2500**