

**APPLICATION FOR REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**FILED**  
 98 NOV 12 AM 11:00  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT #** 65346  
 1. Corporation Name  
ITUS, INC.

Principal Place of Business Mailing Address Same  
2601 S. Bayshore Dr.  
Miami, FL 33133

**REINSTATEMENT 98**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. New Mailing Office Address, if Applicable  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 9-17-92

5. FEI Number 65-0359173 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$9.75 Additional Fee (only for a Certificate of Status)

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	MIRZAKHANIAN, EMIL	2601 S. Bayshore Dr. #1250	Miami, FL 33133
VP	RUBINI, GIORGIO	2601 S. Bayshore Dr. #1250	Miami, FL 33133
S	ROBERT A. FREEMAN	2601 S. Bayshore Dr. #1250	Miami, FL 33133

100002687331-4  
 -11/13/98-01076-015  
 \*\*\*\*\*8.75 \*\*\*\*\*8.75  
 100002687331-4  
 -11/13/98-01076-016  
 \*\*\*\*\*750.00 \*\*\*\*\*750.00

8. Name and Address of Current Registered Agent  
Robert A. Freeman, P.A.  
2601 S. Bayshore Dr. #1250  
Miami, FL 33133

9. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 Suite, Apt. #, Etc.  
 City State Zip Code  
 FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent [Signature] REGISTERED AGENT MUST SIGN Date 11-10-98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes  No  (See other side for information on Intangible tax.)

12. 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)(b), 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: [Signature] Secretary Date 11-10-98 (305) 858-3292  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

*AD*