


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 02 MAR 11 PM 4:00

CORPORATION REINSTATEMENT



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

DOCUMENT # V65346
1. Corporation Name ITUS, INC.

2. Principal Office Address		3. Mailing Office Address	
2601 S. Bayshore Drive		2601 S. Bayshore Drive	
Suite, Apt. #, etc. Suite 1250		Suite, Apt. #, etc. Suite 1250	
City & State Miami, Florida		City & State Miami, Florida	
Zip 33133	Country USA	Zip 33133	Country USA

REINSTATEMENT 02

4. Date Incorporated or Qualified To Do Business in Florida	09/17/1992
5. FEI Number	650359173
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: JOAN BENNETT

Street Address (P.O. Box Number is Not Acceptable): 518 N.E. 72ND STREET

Suite, Apt. #, Etc.:

City: MIAMI, FL 33133

State: FL Zip Code: 33138

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: [Signature] Date: 3/7/02

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
P/D	EMIL MIRZAKHANIAN	2601 S. Bayshore Drive #1250	Miami, Florida 33133
VP/S/D	GIORGIO RUBINI	2601 S. Bayshore Drive #1250	Miami, Florida 33133

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: [Signature] EMIL MIRZAKHANIAN 3-1-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/01)