PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
02 MAY 23 PM 1:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F96000005175

REINSTATEMENT 01-02

1. Corporation Name
Sapphire Properties of Florida, Inc.

2. Principal Office Address	3. Mailing Office Address
8411 Preston	8411 Preston
Suite, Apt. #, etc. Suite 600	Suite, Apt. #, etc. Suite 600
City & State Dallas, Tx	City & State Dallas, Tx
Zip 75225 Country USA	Zip 75225 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 10/7/1996

5. FEI Number 75-2671316 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name CAPITOL CORPORATE SERVICES

000005665110--5
-06/03/02--01087--014
****900.00 ****900.00

Street Address (P.O. Box Number is Not Acceptable) 1333 North Duval St.

Suite, Apt. #, Etc.

City Tallahassee | State FL | Zip Code 32303

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 Gayle Wundle, asst. sec Date 5-22-02
REGISTERED AGENT MUST SIGN

CR2E061 (9/01)

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
V.P.	Eliot B. Barnett	8411 Preston #600	Dallas, Tx 75225
Pres	Lucien B. Grosland	8411 Preston #650	Dallas, Tx 75225
~~V.P.~~			
Sec	William B. Costello	8411 Preston #650	Dallas, Tx 75225

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: Eliot B. Barnett 5/21/02 214/369-0860
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #