

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 MAY 29 PM 3:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F97000003675

1. Corporation Name

GB (Key Biscayne) Operating Corporation

2. Principal Office Address

3250 Mary Streett

Suite, Apt. #, etc.

Suite 500

City & State

Miami, Florida

Zip

33133

Country

USA

3. Mailing Office Address

3250 Mary Street

Suite, Apt. #, etc.

Suite 500

City & State

Miami, Florida

Zip

33133

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

7-15-1997

5. FEI Number

76-0541410

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

Name

CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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**

C. Morales
Special Asst. Secretary

Date 5/25/01

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
Pres	Karim Alibhai	3250 Mary Street, #500	Miami, Florida 33133
EVP/S/T	Thomas J. Bezold	3250 Mary Street, #500	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)(f), 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: Thomas J. Bezold, Executive VP-Finance, Sec & Treas. 5/24/01 305-445-4202

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #