Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : AGI REGISTERED AGENTS, INC.
Account Number : I20000000205
Phone : (305)416-6800
Fax Number : (305)416-6811

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: dhernander@agilaw.com

CORPORATION REINSTATEMENT
FS UNIT 3006, INC.

Certificate of Status	0
Certified Copy	0
Page Count	1
Estimated Charge	~~$1,050.00~~

$450.00

RYC 1.52

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10 MAY -3 PM 12:53

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000079953

1. Corporation Name
FS Unit 3006, Inc

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1000 Brickell Ave	1000 Brickell Ave
Suite, Apt. #, etc. #300	Suite, Apt. #, etc. #300
City & State Miami Fl	City & State Miami Fl
Zip 33131 Country US	Zip 33131 Country US

CR2E081 (4/10)

4. Date Incorporated or Qualified To Do Business in Florida 1/21/2003

5. FEI Number 200401689 ☐ 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: AGI Registered Agents Inc

Street Address (P.O. Box Number is Not Acceptable): 1000 Brickell Ave #300

Suite, Apt. #, Etc.

City: Miami State: FL Zip Code: 33131

PROFIT CORPORATIONS ONLY

☑ The $600.00 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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: 5/3/10

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/P S/T	OKolie B. Nkenchor	1000 Brickell Ave #300	Miami Fl 33131
P/V	Ebuna Uzoamaka	1000 Brickell Ave #300	Miami Fl 33131
		B	5/3/10
			0810 REINSTATEMENT

10. E-mail Address: dhernandez@agilaw.com
(To be used for future annual report notification)

11. 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. I further certify, 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] auth. signatory 5/3/10 8054166800

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

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