PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

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

APPROVED AND FILED

02 MAY 10 PM 1:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-05/17/02--01015--010
***1200.00 ***1200.00

DOCUMENT # P92000008717

**1.** Corporation Name

New Florida Holdings Inc.

REINSTATEMENT 1999-2002

| **2.** Principal Office Address | | **3.** Mailing Office Address | |
|---|---|---|---|
| 4779 Collins Ave. | | 4779 Collins Ave. | |
| Suite, Apt. #, etc. Suite 401 | | Suite, Apt. #, etc. Suite 401 | |
| City & State Miami Beach, FL | | City & State Miami Beach, FL | |
| Zip 33140 | Country USA | Zip 33140 | Country USA |

**4.** Date Incorporated or Qualified To Do Business in Florida 12/03/1992

**5.** FEI Number 65-0374936 ☐ 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: Intrastate Registered Agent Corporation

Street Address (P.O. Box Number is Not Acceptable): 701 Brickell Ave.

Suite, Apt. #, Etc.: Suite 3000

City: Miami | State: FL | Zip Code: 33131

**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: INTRASTATE REGISTERED AGENT CORPORATION Steven H. Hagen, VP Date 5/9/02

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 | Athayde Mucio | 4779 Collins Ave., #401 | Miami Beach FL 33140 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

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

ACCOUNT NO. : 072100000032

REFERENCE : 570845 4144A

AUTHORIZATION :

COST LIMIT : $ PPD

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ORDER DATE : May 8, 2002

ORDER TIME : 12:0 PM

ORDER NO. : 570845-010

CUSTOMER NO: 4144A

CUSTOMER: Rosa Maria Ancheta, Legal Asst
Holland & Knight Llp
Suite 3000
701 Brickell Avenue
Miami, FL 33131

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RECEIVED
02 MAY 10 PM 12:59
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: NEW FLORIDA HOLDINGS INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight EX 1156

EXAMINER'S INITIALS _____