PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 29 PM 2:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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11/04/03--01005--005 **750.00

REINSTATEMENT 03

DOCUMENT # 336620

1. Corporation Name

Copley Plaza Inc.

2. Principal Office Address		3. Mailing Office Address	
3900 Collins Avenue		3900 Collins Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Miami Beach, FL		Miami Beach, FL	
Zip	Country	Zip	Country
33140	USA	33140	USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 591222185 ☐ 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: Daniel Stauber

Street Address (P.O. Box Number is Not Acceptable): 3900 Collins Avenue

Suite, Apt. #, Etc.:

City: Miami Beach | State: FL | Zip Code: 33140

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: Daniel Stauber — Date: 10/27/03
REGISTERED AGENT MUST SIGN

CR2E051 (10/02)

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
D	Kurt Wittek	3900 Collins Avenue	Miami Beach, FL 33140
D	Aaron Stauber	3900 Collins Avenue	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: Aaron Stauber 10/28/03 201-393-0600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #