PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 MAR -8 PM 12:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 456009

1. Corporation Name

ST. RALPH DEVELOPMENT, INC.

Principal Place of Business — Mailing Address - SAME

155 OCEAN LANE DRIVE, APT.1110
KEY BISCAYNE, FLORIDA 33149

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc

City & State

Zip | Country

3. New Mailing Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip | Country

REINSTATEMENT 90-99 ar

DO NOT WRITE IN THIS SPACE

4. Date Incorporated or Qualified To Do Business in Florida: 07-24-74

5. FEI Number: 52-2149627

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED [ ] $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
DPS	AMTHOR, RONALD R.	201 Crandon Blvd. - #110	Key Biscayne, FL 33149

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8. Name and Address of Current Registered Agent

RICHARDS, TIMOTHY D.
4900 Southeast Financial Center
200 S. Biscayne Blvd.
Miami, FL 33131

9. Name and Address of New Registered Agent

Name: MORGAN, RICHARD A.
Street Address (P.O. Box Number is Not Acceptable): c/o Keith Mack LLP
Suite, Apt. # or Bldg.: 200 S. Biscayne Blvd. - #2000
City: Miami
State: FL
Zip Code: 33131

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Richard A. Morgan
REGISTERED AGENT MUST SIGN
Date: 3-1-99

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [ ] No [✓]

(See other side for information on outstanding tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. 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 with 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., and that all fees owed by the corporation have been paid. 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

3-1-99 (305) 358-7605
Date | Daytime Phone #