MAR-22-2000 14:49 SOUTHEAST GUARANTY

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

00 MAR 27 PM 2:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 610574

1. Corporation Name

MCKAY INTERNATIONAL PROPERTIES, INC.

2. Principal Office Address	3. Mailing Office Address
350 Royal Palm Way	same
Suite, Apt. #, etc.: Suite 409	Suite, Apt. #, etc.: same
City & State: Palm Beach, FL	City & State: same
Zip: 33480 Country: USA	Zip: 33480 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 02/17/1979

5. FEI Number: 59-2004077 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $5.00 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Wade R. Byrd

Street Address (P.O. Box Number is Not Acceptable): 350 Royal Palm Way

REINSTATEMENT 97-00

Suite, Apt. #, Etc.: Suite 409

City: Palm Beach State: FL Zip Code: 33480

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: Wade R. Byrd REGISTERED AGENT MUST SIGN Date: 3/24/2000

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/D	LLOYD, ERIC	350 Royal Palm Way,#409	Palm Beach,FL 33480
S	WESTPHAL, FLORETTA W.	350 Royal Palm Way, #409	Palm Beach,FL 33480
V/D	BYRD, WADE R.	350 Royal Palm Way, #409	Palm Beach, FL 3348
V/T/D	CHILTON, JAMES	350 Royal Palm Way, #409	Palm Beach, FL 3348
V	MCKAY, IAN	350 Royal Palm Way, #409	Palm Beach, FL 3348

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: Wade Byrd 3/24/00 (561) 832-6929

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

Wade R. Byrd

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