

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

00 MAR 27 PM 2:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

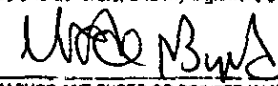
CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 610574 1. Corporation Name MCKAY INTERNATIONAL PROPERTIES, INC.					
2. Principal Office Address 350 Royal Palm Way Suite, Apt. #, etc. Suite 409 City & State Palm Beach, FL Zip 33480			3. Mailing Office Address same Suite, Apt. #, etc. same City & State same Zip 33480		
Country USA		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 ☒ 5375 341 Extra 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	
Suite, Apt. #, Etc. Suite 409	
City Palm Beach	State FL
Zip Code 33480	

REINSTATEMENT 97-00

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 	Date 3/24/2000
Wade R. Byrd 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/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 33480
V/T/D	CHILTON, JAMES	350 Royal Palm Way, #409	Palm Beach, FL 33480
V	MCKAY, IAN	350 Royal Palm Way, #409	Palm Beach, FL 33480

10. I certify that I am an officer or director of 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: 	3/24/00 (561) 832-6929 Signature and Typed or Printed Name of Signing Officer or Director Wade R. Byrd
Date 3/24/00 Daytime Phone # (561) 832-6929	

400003198874--0
-04/06/00--01091--010
***1208.75 ***1120.00