PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
01 AUG 29 PM 12:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # 662278

1. Corporation Name
PETCLE PROPERTIES, INC.

2. Principal Office Address	3. Mailing Office Address
c/o David M. Goldstein 200 S. Biscayne Blvd.	c/o David M. Goldstein 200 S. Biscayne Blvd.
Suite, Apt. #, etc. Suite 1880	Suite, Apt. #, etc. Suite 1880
City & State Miami, Florida	City & State Miami, Florida
Zip 33131 Country USA	Zip 33131 Country USA

4. Date Incorporated or Qualified To Do Business in Florida: 04/30/1980

5. FEI Number: 59-2115742 ☐ 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: DAVID M. GOLDSTEIN

Street Address (P.O. Box Number is Not Acceptable): 200 S. Biscayne Boulevard

Suite, Apt. #, Etc.: Suite 1880

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 _____ Date 8/27/01
REGISTERED AGENT MUST SIGN

CR2E061 (9/00)

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
PSD	David M. Goldstein	200 S. Biscayne Blvd., Suite 1880	Miami, Florida 33131
VP	Alvin I. Malnik	200 S. Biscayne Blvd., Suite 1880	Miami, FL 33131

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: _____ 8/27/01 (305) 372-3535
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #