2004 FOR PROFIT CORPORATION ... REINSTATEMENT

of the corporation or the receiver or trustee empowered to execute this reporchanged, or on an attachment with an address, with all other like empowere.

SECRETARY OF STATE DIVISION OF CORPORATIONS **DOCUMENT #662278** 04 OCT 28 PM 12: 11 PETCLE PROPERTIES, INC. Mailing Address Principal Place of Business C/O DAVID M. GOLDSTEIN C/O DAVID M. GOLDSTEIN 200 S. BISCAYNE BLVD., STE. 1880 200 S. BISCAYNE BLVD., STE. 1880 MIAMI, FL 33131 US MIAMI, FL 33131 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 10262004 CR2E098 (6/04) City & State City & State 4. FEI Number Applied For 59-2115742 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GOLDSTEIN, DAVID M Street Address (P.O. Box Number is Not Acceptable) 200 S. BISCAYNE BLVD., STE. 1880 MIAMI, FL 33131 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. of name of registered agent and title if d (NOTE: Registered Agent signature required when reinstating) DATE In accordance with s. 607.193(2)(b), F.S., the FILE NOW!!! FEE IS \$150.00 corporation did not receive the prior notice. · After January 1, 2005, Fee will be \$300.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. **PSD** TITLE TITLE ☐ Delete GOLDSTEIN, DAVID M NAME NAME 200 S. BISCAYNE BLVD., STE. 1880 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP MIAMI, FL 33131 CITY-ST-ZIP VP ☐ Addition TITLE ☐ Defete THE Change MALNIK, ALVIN I NAME NAME 200 S. BISCAYNE BLVD., STE. 1880 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33131 CITY-ST-7IP ____ Addition ☐ Delete Change TITLE TITLE HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I nereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if