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
96 DEC 13 AM 11:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 852837

1. Corporation Name: RECOMMENDATION PROPERTIES N.V.
c/o BRUCE G. HERMELEE
848 Brickell Avenue, Suite 400C
Miami, Florida 33131

Principal Place of Business / Mailing Address

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

REINSTATEMENT 95-96
DO NOT WRITE IN THIS SPACE

| 2. New Principal Office Address, If Applicable | 3. New Mailing Address, If Applicable |
|---|---|
| c/o BRUCE G. HERMELEE | c/o BRUCE G. HERMELEE |
| Suite, Apt. #, etc.: 200 S. Biscayne Blvd. | Suite, Apt. #, etc.: 200 S. Biscayne Blvd. |
| City & State: Suite 4920 Miami, Florida | City & State: Suite 4920 Miami, Florida |
| Zip: 33131 Country: USA | Zip: 33131 Country: USA |

4. Date Incorporated or Qualified To Do Business in Florida: 5/12/82

5. FEI Number: – ☐ 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 |
|---|---|---|---|
| P/V/S | SINT MAARTEN INT. TRUST | VOORSTRAAT 7 PHILIPSBURG | SINT MAARTEN |
| T/D | SINT MAARTEN INT. TRUST | VOORSTRAAT 7 PHILIPSBURG | SINT MAARTEN |
| S | HERMELEE, BRUCE G. | 200 S. Biscayne Blvd. Suite 4920 | MIAMI, FLORIDA 33131 |
| | | | 200002031852--1 -12/18/96--01003--015 ****575.00 ****575.00 |
| | | | |
| | | | |

8. Name and Address of Current Registered Agent

BRUCE G. HERMELEE
801 Brickell Avenue
12th Floor
Miami, Florida 33131

9. Name and Address of New Registered Agent

Name: BRUCE HERMELEE
Street Address (P.O. Box Number is Not Acceptable): 200 S. Biscayne Blvd.
Suite, Apt. #, Etc.: Suite 4920
City: Miami State: FL Zip Code: 33131

CR2E040 (12/95)

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: [signature] Date: 12/9/96
BRUCE G. HERMELEE REGISTERED AGENT MUST SIGN

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 intangible 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)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) 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 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., 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] BRUCE G. HERMELEE 12/9/96 (305) 373-5444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #