

<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: left;"> <p>APPLICATION FOR REINSTATEMENT FOR LIMITED PARTNERSHIP</p> </div> <div style="text-align: center;"> <p>FLORIDA DEPARTMENT OF STATE TALLAHASSEE, FLORIDA</p> </div> <div style="text-align: right;"> <p>FILED</p> <p>97 AUG 21 PM 3:30</p> <p>SECRETARY OF STATE TALLAHASSEE, FLORIDA</p> <p>DO NOT WRITE IN THIS SPACE</p> </div> </div>		
<div style="font-size: 2em; font-weight: bold; text-align: center;">A93000000858</div>		
<p>DOCUMENT # A93000000858</p> <p>1. Name of Limited Partnership SOUTH OCEAN PALMS LTD</p>		
<p>2. Mailing Address 800 Brickell Av Suite, Apt #, etc # 701 City & State Miami FL Zip 33131 Country USA</p>	<p>3. Principal Office Address 3600 S. Ocean Blvd Suite, Apt #, etc c/o Management City & State South Palm Beach FL Zip 33480 Country USA</p>	<p>4. Date Formed or Registered To Do Business in Florida 7/30/93</p> <p>5. FEI Number 65-0440563 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/></p> <p>6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status</p> <p>7. State or Country of Formation FLORIDA</p>
<p>8a. Capital Contributions as Shown on Record \$ 1,700,000</p> <p>8b. Amount of Capital Contributions in FLORIDA to date \$ 1,700,000</p>		<p>FEES:</p> <p>1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 8b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office.</p> <p>2.) Supplemental Fee(s): \$138.75 for each year due this office, beginning with 1992 calendar year.</p> <p>3.) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent.</p> <p>Note: If the amount entered in 8b is greater than amount entered in 8a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.</p>
<p>9. Name and Address of Current Registered Agent</p> <p>Mitchell B. Kirschner 2101 Corporate Blvd suite 300 Boca Raton FL 33431</p>		<p>10. If changed, new registered agent/office</p> <p>Name XXXXXXXXXX</p> <p>Street Address (P.O. Box Number is Not Acceptable) XXXXXXXXXX</p> <p>Suite, Apt #, etc XXXXXX</p> <p>City XXXXXXXXXX FL Zip Code XXXXXX</p>
<p>10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I, the undersigned, am familiar with and accept the obligations of section 620.192, Florida Statutes.</p> <p style="text-align: right;">100005574331 -08/22/97-D1030-002 ***1041.25 ***1041.25</p>		
<p>SIGNATURE (Registered Agent Accepting Appointment)</p>		
<p>A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</p>		
<p>11. Names of General Partner(s)</p> <p>3600, Inc</p>	<p>Address of Each General Partner (Do NOT Use Post Office Box Numbers)</p> <p>800 Brickell Av. # 701 Miami FL 33131</p>	<p>City, State and Zip Code</p> <p>See box on left side</p> <p>11a. Registration Document Number</p> <p>P93000055072</p>
<p>REINSTATEMENT 9/7</p> <p>CR 8-22</p>		
<p>Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.</p>		
<p>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 further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.</p>		
<p>SIGNATURE </p> <p>DATE 8/13/97</p> <p>Typed or Printed Name of General Partner Signing Form LAMBERTO BIANCONI 3600, Inc K.P. Telephone Number (305) 371 5228</p>		