Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : CORPDIRECT AGENTS, INC.
Account Number : 110450000714
Phone : (850)222-1173
Fax Number : (850)224-1640

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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CORPORATION REINSTATEMENT
GATLIN DEVELOPMENT CO., INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$900.00

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TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F05000004278

1. Corporation Name
Gatlin Development Co., Inc.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
888 E. Las Olas Boulevard	Same as left
Suite, Apt. #, etc. Suite 600	Suite, Apt. #, etc.
City & State Fort Lauderdale, FL	City & State
Zip 33301 / Country USA	Zip / Country

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida July 26, 2005

5. FEI Number 33-0548231 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $30.00 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: NRAI Services, Inc.

Street Address (P.O. Box Number is Not Acceptable): 515 EAST PARK AVENUE

Suite, Apt. #, Etc.

City: Tallahassee | State: FL | Zip Code: 32301

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: Cathi J. Wall Cathi J. Wall Date: January 23, 2012

REGISTERED AGENT MUST SIGN: Asst. Secretary

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors).

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CEO/D/S	Franklin C. Gatlin III	888 E. Las Olas Blvd, Suite 600	Fort Lauderdale, FL 33301
P/Asst. S	Loren K. Van Der Slik	888 E. Las Olas Blvd, Suite 600	Fort Lauderdale, FL 33301
CFO/T	Eric Welsch	888 E. Las Olas Blvd, Suite 600	Fort Lauderdale, FL 33301

REINSTATEMENT 1-12 By 1/24/12

10. E-mail Address: jlames@gatlindc.com
(To be used for future annual report notification)

11. 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 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. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Loren K. Van Der Slik, President January 23, 2012 954-302-5900

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR — Date — Daytime Phone #