PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 JUN 12 AM 10:20

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F09162

1. Corporation Name

BREVARD-FLORIDA PROPERTIES, INC.

REINSTATEMENT 99-03

500020810945
06/12/03--01083--015 **1350.00

2. Principal Office Address	3. Mailing Office Address
24 Crandon Boulevard	24 Crandon Boulevard
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Key Biscayne, FL	City & State: Key Biscayne, FL
Zip: 33149 Country: USA	Zip: 33149 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 12/15/80

5. FEI Number: 59-2582069 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: NICHOLAS MAVRIS

Street Address (P.O. Box Number is Not Acceptable): 24 Cranion Boulevard

Suite, Apt. #, Etc.:

City: Key Biscayne | State: FL | Zip Code: 33149

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: NICO — REGISTERED AGENT MUST SIGN — Date: 05/23/2003

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
Pres.	Horst Wehmeyer	Niederrheinstr. 290	40489 Düsseldorf/Germany
Off.	Fritz Schagen	Wasserwerksweg 14a	40489 Düsseldorf/Germany

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: _____ 05/22/03 0211/40 40 26
SIGNATURE & TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

6/13 aw