PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| CORPORATION REINSTATEMENT Secretary of State Secretary of State OVISION OF CORPORATION DOCUMENT# 1. Corporation frame Whitney Mitchell R Realty, Inc. 2. Principal Office Address Whitney Mitchell R Realty, Inc. 2. Principal Office Address Whitney Mitchell R Realty, Inc. 3. Making Office Address Ovision of Corporation of Dualified Whitney Mitchell R Realty, Inc. 3. Making Office Address Ovision of Corporation of Qualified Same Sume Sume Sume 1. Does becauses in Principal Ovision of Country Same 1. Same 1. Does becauses in Principal Ovision of Country Same 1. Same 1. Does becauses in Principal Ovision of Country Same 1. Same 1. Does becauses in Principal Ovision of Country Ovision of Country Same Friedlander & Associates, PA Seet Address PO. Does Number is but Acceptables One SE Third Avenue Sumb Address of Current Registered Agent Over SE Third Avenue 1. Same 1. Does proceed the registered Agent Over SE Third Avenue 1. Same 1. Does proceed the registered of the above remained corporation, and familiar with and accept the debigations of section 697,0505 or 617 0000, F.S. Friedlander & Associates & Associates & Does Office and or Country Sumb Address of Country Description of Section Office and or Section Offic | | | | · · · | | | | |
|--|---|--|------|-----------------------------|--------------------|---|----------------------|--|
| 1. Corporation Name Whitney Mitchell R Realty, Inc. 2. Principal Office Address Oge SE Third Avenue Same Suite And 8 etc. S | CORPORATION REINSTATEMENT Secretary of State | | | | | FILED SECRETARY OF STATE WYISION OF CORPORATION | | |
| Whitney Mitchell R Realty, Inc. 2. **Process Office Address** Ope - SE Third Avenue Same Suite Apt #, etc. 11ch Floor City & State | | | | | | 01 JUL -2 AM 10: 19 | | |
| 2.1-Principal Office Address Que. SET. Third Avenue Same Suite, Ast. 8, etc. 11th Floor Country Same 10th \$ State Miami, F1., Same Country Same Country Same 10th \$ State Miami, F1., Same Country Same To Do Business in Pindda 10th Agried For Name and Address of Country Same To S | | | | | | | | |
| Substance of General Agent Substance of Country Same City & State | Whitney Mitchell R Realty, Inc. | | | | | | | |
| Substance of General Agent Substance of Country Same City & State | 2. Principal Office Address 3. Mailing C | | | idress | 1750 ESS N D. II G | | HENT OF M | |
| Substance of General Agent Substance of Country Same City & State | One · SI | E Third Avenue | Same | | HEIN: | SIAICH | MEM (1)-0) | |
| City & State Miami , FI , Same Country 33131 Country 33131 Country 33131 Country 33131 Country Same 7. Name and Address of Current Registered Agent 8. It 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 8. It 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. For included Agent Addresses of Each Officer and/or Director (Florida namportic corporations must list at least 3 directors) 7. Name of Officers and/or Director (Florida namportic corporations must list at least 3 directors) 7. Name of Officers and/or Director (Florida namportic corporations must list at least 3 directors) 7. Name of Officers and/or Directors 7. Name of Officers and/or Director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617. F.S. Intuitie value in the service or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617. F.S. Intuitie value on this application is true and accounts, epid by signature shall have the same legal effect as if made under cath. 8. Intuitive cartify that when filling this reinstance of the cath of the form of the cath of the cath of the form of the cat | | • | | -, • | | <u>i</u> | | |
| Milami, FI., Same Same Same Same Country Same Country Same Friedlander & Associates, PA Street Address (P.O. Box Number is Not Acceptable) One SE Third Avenue Sute, Act, Fie. Williami Sute, Act, Fie. Sute Address (P.O. Box Number is Not Acceptable) One SE Third Avenue Friedlander & Associates, PA Sute Address (P.O. Box Number is Not Acceptable) One SE Third Avenue Sute, Act, Fie. Sute, Act, | | | | | | | · · | |
| Same Country Same Country Same Country Same Country Same Sa | | | | • | | | | |
| 7. Name and Address of Current Registered Agent 8. It being appointed the registered agent of the above named corporation, and familiar with and accept the obligations of section 607.0505 of 617.0503, F.S. 8. It being appointed the registered agent of the above named corporation, and familiar with and accept the obligations of section 607.0505 of 617.0503, F.S. 8. It being appointed the registered agent of the above named corporation, and familiar with and accept the obligations of section 607.0505 of 617.0503, F.S. 8. It being appointed the registered Agent Age | | | | Country | | 209 | | |
| Name Friedlander & Associates, PA Street Address (P.O. Box Number is Not Acceptable) One SE Third Avenue, One SE T | 33131 | USA | Same | | CERTIFICATE | OF STATUS DESIRE | | |
| Street Address (P.O. Box Number is Not Acceptable) One SE Third Avenue, Street Addresses (P.O. Box Number is Not Acceptable) One SE Third Avenue, Street Private and for Director (Plorida nonprofit corporations must list at least 3 directors) Signature of Registered Agent Bry Street Addresses of Each Officer and/or Director (Plorida nonprofit corporations must list at least 3 directors) Titles Officer and/or Director (Plorida nonprofit corporations must list at least 3 directors) Street Addresses of Each Officer and/or Director (Plorida nonprofit corporations must list at least 3 directors) Titles Officer and/or Director Officer and/or Director (Plorida nonprofit corporations must list at least 3 directors) Titles Officer and/or Director Officer and/or Director (Plorida nonprofit corporations must list at least 3 directors) Titles Officer and/or Director Officer and/or Dir | 7. Name and Address of Current Registered Agent | | | | | | | |
| Street Address (P.O. Box Number is Not Acceptable) One SE Third Avenue. Sulta, Apt. #, Etc. 1101 City Miami 8. 1, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or \$17.0503, F.S. Signature of Registered Agent By Sulfa Registered Agent Registered Agent By Sulfa Registered Agent Registered Agen | | | | | | | | |
| Suite Apt. #. Etc. 1101 City Miami S. 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 Principlander & Assorbates PAL RESISTERED AGENT MUST SIGN Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Addresses of Each Officer and/or Directors Officers and/or Directors Officers and/or Directors One SE Third Avenue, 11th Miami, Florida 33131 P/D Timothy S. Pappas One SE. Third Avenue, 11th Miami, Florida 33131 One SE. Third Avenue, 11th Miami, Florida 4th Miami, Fl | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| 8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0503 or 617.0503, F.S. Signature of Registered Agent Supplication of Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Steven Reibel One SE Third Avenue, 11th Miami, Florida 33131 P/D Timpthy S. Pappas One SE. Third Avenue, 11th Miami, Florida 33131 S/T Chris Sanchez One SE. Third Avenue, 11th Miami, Ft. 33131 10. Lordity 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 by signature shall have the same legal effect as if made under cath. SIGNATURE: Associated agent of the above name according to the corporation indicated on this application is true and accurate, and by signature shall have the same legal effect as if made under cath. | , | One SE Third Avenue07/20/0101102013 | | | | | | |
| 8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0503 F.S. Signature of Registered Agent | | | | | | 亦亦本 <u>↓ [</u>]. | ລຸດ. ພາສາ ເພື່ອ: ກໍດ | |
| Signature of Registered Agent Prior ander & Associates PA Registered Agent Name of Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Name of Officer and/or Directors Name of Officer and/or Directors One SE Third Avenue, 11th Miami, Florida 33131 P/D Timothy S. Pappas One SE. Third Avenue, 11th Miami, FL. 33131 S/T Chris Sanchez One S.E. Third Avenue, 11th Miami, FL. 33131 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, FS. I further certify that when filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607,0401 or 617,0401, FS. that all fees oved 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)(1), 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: **Titles** Officer and/or Director** One SE Third Avenue, 11th Miami, Florida 33131 Miami, FL. 33131 Miami, FL. 33131 Miami, FL. 33131 **Titles** One SE. Third Avenue, 11th Miami, FL. 33131 **Titles** Miami, FL. 33131 **Titles** **Titles** One SE. Third Avenue, 11th Miami, Florida 33131 **Titles** Miami, FL. 33131 **Titles** **T | | City | | | | | | |
| Titles Officers and/or Directors Street Address of Each Officer and/or Director Director Officer and/or Director One SE Third Avenue, 11th Miami, Florida 33131 PD Timothy S. Pappas One SE. Third Avenue, 11th Miami, Fl. 33131 S/T Chris Sanchez One S.E. Third Avenue, 11th Miami, Fl. 33131 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: A street Address of Each Officer and Ad | Signature of Priod ander & Associates PA President Date 6.21.0/ | | | | | | | |
| Steven Reibel One SE Third Avenue, 11th Miami, Florida 33131 PD Timothy S. Pappas One SE. Third Avenue, 11th Miami, Florida 33131 S/T Chris Sanchez One S.E. Third Avenue, 11th Miami, Florida 33131 S/T Chris Sanchez One S.E. Third Avenue, 11th Miami, FL. 33131 S/T Chris Sanchez One S.E. Third Avenue, 11th Miami, FL. 33131 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: And Avenue, 11th Miami, Florida 33131 Miami, FL. 34131 Miami, FL. 34131 M | 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) | | | | | | | |
| P/D Timothy S. Pappas One S.E. Third Avenue, 11th Migni, Fl. 33131 S/T Chris Sanchez One S.E. Third Avenue, 11th Migni, Fl. 33131 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 thy signature shall have the same legal effect as if made under oath. SIGNATURE: Migni, Fl. 33131 Migni, Fl. | Titles | | | | | | City / State / Zip | |
| S/T Chris Sanchez One S.E. Third Avenue, 1th Miami, FL. 33(3) 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: One S.E. Third Avenue, 1th Miami, FL. 33(3) | D | Steven Reibel | | One SE Third Avenue, 11th | | Miami, F | lorida 33131 | |
| 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: 6 · 25 - 0 / 305 - 37 / -3591 | P/D | Timothy b. Pappas | | One SE. Third, Avenue, 11+1 | | Miami, F | FL. 33131 | |
| 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: 6.25-0/:305-37/-3592 | S/T | Chris Sanchez | | One S.E. Third Avenue | | Miami, F | PL . 33131 | |
| 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: 6.25-0/:305-37/-3592 | | | | | | | | |
| 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: 6.25-0/:305-37/-3592 | - | | | | , | \mathcal{H} | \\ 0 | |
| 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: 6.25-0/:305-37/-3592 | - | | | | | . | , | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # | | | | | | | | |