PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

99 MAR 29 PM 1:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P88732

1. Corporation Name

FLORIDA INTERLANDS, INC.

Principal Place of Business	Mailing Address
1111 Lincoln Road Suite 325 Miami Beach, FL 33139	1111 Lincoln Road Suite 325 Miami Beach, FL 33139

800002824028--3
-03/30/99--01080--013
****900.00 ****900.00

REINSTATEMENT 98.99

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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 06/29/82

5. FEI Number: 59-2499599 ☐ 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
PSTD	CASO, JUAN JOSE	1111 Lincoln Rd.,#325	Miami Beach, FL 33139
VP	PANDO, REMIGIO	1111 Lincoln Rd.,#325	Miami Beach, FL 33139

800002824028--3
-03/30/99--01080--014
******8.75 ******8.75

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
MORTON P. GOUDISS, ESQUIRE 1111 Lincoln Road, Suite 325 Miami Beach, FL 33139	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. # Etc. City / State FL / Zip Code

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: Morton P. Goudiss
REGISTERED AGENT MUST SIGN

Date: 3/24/99

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☒

(See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in Chapter 617, F.S. I further certify that 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 taxes 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 contained on this application is true and accurate and my signature shall have the same legal effect as if made under oath.

SIGNATURE: ~~REMIGIO~~ PANDO, V.P. 3/24/99 305-531-9200

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