PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE APPLICATION Sandra B. Mortham FOR Secretary of State FILED REINSTATEMENT DIVISION OF CORPORATIONS F97000000553 DOCUMENT # 98 NOV 20 PM 1: 10 1. Corporation Name SECRETARY OF STATE TALLAHASSEE. FLORIDA EAST OF EDEN RESORTS, INC. Principal Place of Business Mailing Address 3200 N. MILITARY TR., STE. 400 3200 N. MILITARY TR., STE. 400 **BOCA RATON FL 33431** BOCA RATON FL 33431 If above addresses are incorrect in any way, line through incorrect information and enter correction below. Date Incorporated or Qualified To Do Business in Florida 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable 4800 N. 4800 Federal redeca 01/31/1997 5 FEI Number Applied For 65-0713818 Not Applicable \$8.75 Additional Fee require for a Certificate of Status CERTIFICATE OF STATUS DESIRED USA 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) Name of Officers City / State / Zip Title(s and/or Directors .CP 1450 S. BAYSHORE DR. MIAMI-FL 33131-DAVILA; DANIEL: 401 NE Mizner Blud CP BOCARATON PL 33432 Davila **800002706058--**-12/08/98--01050--002 \*\*\*\*758.75 \*\*\*\*750.75 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent. DAVILA, DANIEL 3200 N. MILITARY TR., STE. 400 Gedera l **BOCA RATON FL 33431** Zip Code RATON 3343 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 REGISTERED AGENT MUST SIGN 11. This corporation owes or has paid the current year (See other side for information on intangible tax.) Yes 🔼 Intangible Personal Property tax due June 30.

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 607 or 617, F.S. 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, 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:

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/98 561-367-8989 Date Daytime Phone #