

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 DEC -3 PM 1:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F97006001026**

1. Corporation Name

FORTRESS-JAX FLORIDA, INC.

2. Principal Office Address

700 NW 107TH AVENUE

Suite, Apt. #, etc.

SUITE 400

City & State

MIAMI FL

Zip

33172

Country

USA

3. Mailing Office Address

700 NW 107TH AVENUE

Suite, Apt. #, etc.

SUITE 400

City & State

MIAMI FL

Zip

33172

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 02/26/1997

5. FEI Number

541837545

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 02-04

7. Name and Address of Current Registered Agent

Name

CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable)

1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.

City

PLANTATION

State

FL

Zip Code

33324

900043217919
12/06/04--01063--001 **1050.00

900043217919
12/06/04--01063--002 **8.75

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

Connie Bryan

**CONNIE BRYAN
SPECIAL ASSISTANT SECRETARY**

REGISTERED AGENT MUST SIGN

Date **12/3/04**

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
D	WAYNEWRIGHT MALCOLM	700 NW 107 AVENUE SUITE 400	MIAMI FL 33172
D/VP	L. CHRISTIAN MARLIN	700 NW 107 AVENUE SUITE 400	MIAMI FL 33172
D/VP	STEVEN E. LANE	10707 CLAY ROAD	HOUSTON TX 77041
P/CEO	STUART A. MILLER	700 NW 107 AVENUE SUITE 400	MIAMI FL 33172
CFO	BRUCE GROSS	700 NW 107 AVENUE SUITE 400	MIAMI FL 33172
VP	EDWARD C. GIERMAN	25 ENTERPRISE	ALISO VIEJO CA 92656

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:

L. Christian Marlin

L. CHRISTIAN MARLIN

12/02/2004

305-229-6400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2C081 (01/04)