PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
01 AUG 31 PM 12:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F98000005373

1. Corporation Name: Santa Fe Western Holdings, Inc.

REINSTATEMENT 2001

2. Principal Office Address	3. Mailing Office Address
1101 NW 39th Avenue, office	1101 NW 39 Ave, Office
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Gainesville, FL 32609	City & State: Gainesville, FL 32609
Zip: 32609 / Country: USA	Zip: 32609 / Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 9/15/1998

5. FEI Number: 59-3531485 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Jose E Medina, Jr.

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09/06/01--01106--016
****785.00 ****785.00

Street Address (P.O. Box Number is Not Acceptable): 5330 SW 91st Terrace

Suite, Apt. #, Etc.:

City: Gainesville | State: FL | Zip Code: 32608

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: Jose E Medina Jr. (REGISTERED AGENT MUST SIGN) Date: 8/22/01

CR2E061 (8/00)

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
PD	George Evans	2100 Ponce de Leon Blvd., Suite 1040	Coral Gables, FL 33134

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: George M. Evans 8/27/01 3054478170
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #