

COHEN,
CONWAY,
COPELAND &
PAIVA, P.A.

ATTORNEYS AT LAW

501496

97 JUN 25 12:05
FILED
TALLAHASSEE
SECRETARY OF STATE
MARC B. COHEN
JAMES K. CONWAY
JOHN K. COPELAND
CHAD S. PAIVA

STUART (561) 221-0989
FT. PIERCE (561) 468-0073
FACSIMILE (561) 221-0996

Via Federal Express Overnight

May 27, 1997

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

700002203937--7
-06/06/97--01044--005
1802.50 **43.75

Re: Mueller Properties, Inc./Paul Mueller, Inc.

AM- 43.75

To Whom it May Concern:

Enclosed please find an original Application for Reinstatement, original Articles of Amendment to Articles of Incorporation, and a check in the amount of \$1,802.50. Said check represents the \$1,758.75 fee for reinstatement, \$8.75 for a Certificate of Status, and \$35.00 to file the Amendment.

Please file the enclosed documents as soon as possible. I have enclosed a return envelope for your convenience in returning any receipt and the Certificate of Status to our office. Thank you for your cooperation in this matter. If you have any questions, please do not hesitate to contact me.

RECEIVED
97 MAY 30 11:18:24
DIVISION OF CORPORATIONS

:tec
Enclosure(s)

cc: Client

Very truly yours,

Tracy E. Chase,
Secretary to
JOHN K. COPELAND

AM- 43.75

**ARTICLES OF AMENDMENT
TO
ARTICLES OF INCORPORATION
OF**

MUELLER PROPERTIES, INC.

(present name)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida profit corporation adopts the following articles of amendment to its articles of incorporation:

FIRST: Amendment(s) adopted: *(indicate article number(s) being amended, added or deleted)*

This corporation is being reinstated and the name is being changed to PAUL MUELLER, INC.

The principal office address will be c/o Gran Marque, Inc.,
560 1st Street, Lake Oswego, OR 97034.

The Registered Agent will be JOHN K. COPELAND, ESQUIRE, 10
Central Parkway, Suite 400, Stuart, FL 34994

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECOND: If an amendment provides for an exchange, reclassification or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself, are as follows:

n/a

THIRD: The date of each amendment's adoption: June 1, 1997

FOURTH: Adoption of Amendment(s) (CHECK ONE)

- ☒ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval by _____ voting group."

- ☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
- ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Signed this 23 day of JUNE ~~1997~~, 19 97

Signature

[Signature]
(By the Chairman or Vice Chairman of the Board of Directors, President or other officer if adopted by the shareholders)

OR

(By a director if adopted by the directors)

OR

(By an incorporator if adopted by the incorporators)

PAUL MUELLER

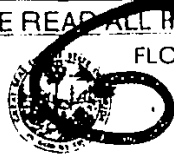
Typed or printed name

President

Title

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Northam
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 601496

1 Corporation Name

MUELLER PROPERTIES, INC.

Principal Place of Business

Mailing Address

401 E. Osceola Street
Suite 102
Stuart, Florida 34994

401 E. Osceola Street
Suite 102
Stuart, Florida 34994

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

2 New Principal Office Address, if Applicable
c/o Gran Marque, Inc.

3 New Mailing Office Address, if Applicable
c/o John K. Copeland, Esq.

4 Date Incorporated or Qualified
To Do Business in Florida

9/24/82

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5 FEI Number

Applied For

560 1st Street

10 Central Pkwy, Ste. 400

☒ Not Applicable

City & State

City & State

Lake Oswego, OR

Stuart, FL

6 CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

Zip

Country

USA

Zip

Country

USA

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P, S, V	PAUL MUELLER	c/o Gran Marque, Inc. 560 1st Street	Lake Oswego, OR 97034

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JANE L. CORNETT
401 E. Osceola Street
Stuart, Florida 34994

Name JOHN K. COPELAND, ESQUIRE

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

10 Central Parkway

Suite, Apt. #, Etc.

Suite 400

City

Stuart

State
FL

Zip Code
34994

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

Date

5/27/97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
PAUL MUELLER

Date

Daytime Phone #

5/23/97 (33) 635 2497

CR2040 (12/96)