PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DOCUMENT #

H32613

Corporation Name

MCENANY HOLDINGS, INC.

Principal Place of Business

Mailing Address

2000 S BAYSHORE DRIVE

2000 S BAYSHORE OR

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FILED

01 FEB 23 PM 3 06

SECRETARY OF STATE TALLAHASSEE, FLORIDA

MIAMI FL 33133 MIAMI FL 33133 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 Date Incorporated or Qualified
 To Do Business in Florida 12/04/1984 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For 59-2466374 City & State City & State Not Applicable 6. \$8.75 Additional Fee required Zip Zip Country Country CERTIFICATE OF STATUS DESIRED 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) Name of Officers Street Address of Each Title(s) and/or Directors Officer and/or Director City / State / Zip 5350 NW 165 ST MIAMI FL PD MCENANY, PATRICK J. 100003811021---03/07/01--01107--016 ****900.00 ****900.00 RENISTATEMENT 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name MCENANY, PATRICK J Street Address (P.O. Box Number is Not Acceptable) 2000 S BAYSHORE DR Suite, Apt. #, Etc. 16 **MIAMI FL 33133** City Zip Code 10. I, being appointed the registered approved the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent REGISTERED AGENT M ST SIGN 11. 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

I. 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.

CICNATURE

SIGNAULE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/01 385-529-2522 Date Daytime Phone #