PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 JUL -6 PM 2:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J84563

1. Corporation Name
Centrone Properties, Inc.

2. Principal Office Address	3. Mailing Office Address
619 SE 9th ST.	Same
Suite, Apt. #, etc. —	Suite, Apt. #, etc. —
City & State: Ft. LAUDERDALE, Florida	City & State: Ft. Lauderdale, Florida
Zip: 33316 Country: BROWARD	Zip: 33316 Country: BROWARD

4. Date Incorporated or Qualified To Do Business in Florida: 7/28/87

5. FEI Number: 650003445 ~~Applied For~~ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: MARY A. CENTRONE
Street Address (P.O. Box Number is Not Acceptable): 619 SE 9th STREET
Suite, Apt. #, Etc. —
City: Ft. LAUDERDALE State: FL Zip Code: 33316

94-05

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: Mary A. Centrone Date: 6.26.05
REGISTERED AGENT MUST SIGN

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
Pres.	MARY A. CENTRONE	619 SE 9th ST.	Ft. LAUD, FL 33316
Sec.	MARY A. CENTRONE	619 SE 9th ST.	Ft. LAUD, FL 33316
		600056892156	07/01/05--01038--011 **1973.75
		0138	01658

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.

0174

SIGNATURE: Mary A. Centrone, MARY A. CENTRONE 6.26.05 (954) 675-6892
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

6.26.05

Please waive the $600.00 Reinstatement fee as the corporation was dissolved in 1994, as I did not receive the necessary paper work due to an address change. Thank you.

Mary A. Centrone
MARY A. CENTRONE

Enclosed 1,965.00
Certificate of status 8.75
$1973.75

** TX STATUS REPORT ** AS OF JUL 06 2005 15:29 PAGE.01

BANK OF AMERICA

	DATE	TIME	TO/FROM	MODE	MIN/SEC	PGS	JOB#	STATUS
15	07/06	15:28	18502456017	EC—S	00'18"	001	209	OK

850-245-6017 7/06/05

Tyrone Scott

Please apply the original $8.75 for a complete certified copy of my Centrone Properties Inc file. J84563

Mary A. Centrone
MARY A. CENTRONE
President

CENTRONE PROPERTIES INC.
cell 954-675-6892