PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 APR 17 AM 11:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K42949

1. Corporation Name
RESPRO INVESTMENT GROUP, INC.

Principal Place of Business
290 NW 165TH STREET
SUITE P350
MIAMI, FL. 33169

Mailing Address
C/O DIVARIS REAL ESTATE
290 NW 165TH STREET
SUITE P350
MIAMI, FL. 33169

400002490894--1
-04/23/98--01128--011
****900.00 ****900.00

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

2. New Principal Office Address, If Applicable
290 NW 165TH STREET
Suite/Apt. #, etc. P350
City & State MIAMI, FLORIDA
Zip 33169 Country USA

3. New Mailing Office Address, If Applicable
C/O DIVARIS REAL ESTATE
Suite/Apt. #, etc. 290 NW 165 STEET P350
City & State MIAMI, FLORIDA
Zip 33169 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 11/02/88

5. FEI Number 65-0081586 Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/D	MICHAEL FINKLE	C/O DIVARIS REAL ESTATE 290 165TH STREET, SUITE P350	MIAMI, FL. 33169
V/P S/D	BORIS KOZOLGHYK	C/O INTERNATIONAL VENTURE REALTY, INC. 141 NE 3RD AVE., 10TH FLOOR	MIAMI, FL. 33132
		REINSTATEMENT	97-98
			SC 4-21-98

8. Name and Address of Current Registered Agent
DONALD R. TESCHER
9100 S. PADELAND BOULEVARD
SUITE 1707
MIAMI, FLORIDA 33156

9. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State FL Zip Code

CP2E040 (12/96)

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 X
REGISTERED AGENT MUST SIGN
Date 4/9/98 X

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: X Michael Finkle 4/3/98 X305-919-8191
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #