L01000021746

REINSTATEMENT

Secretary of State
DIVISION OF CORPORATIONS

FILED

03 SEP -5 PM 1:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700014678217
08/29/03--01039--005 **150.00

DOCUMENT # L01000021746

1. Name
FIRST Class Property Management Etc.

2. Principal Office Address	3. Mailing Office Address
3726 SW 69 way	3726 SW 69 way
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	Miramar
City & State	City & State
Miramar F	~~FL~~ 33023 FL
Zip: 33023 Country: Broward	Zip: 33023 Country: BROWARD

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 90 0000 276 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: Adriana SALMON

Street Address (P.O. Box Number is Not Acceptable): 3726 SW 69 way

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08/29/03--01012--001 **50.00

Suite, Apt. #, etc.

City: MIRAMAR | State: FL | Zip Code: 33023

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: Adriana SALMON Date: 8/20/03

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
Director	Adriana SALMON	3726 SW 69 way	Miramar, FL 33023

REINSTATEMENT 02-03

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: Adriana SALMON 8/20/03 7544220143

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

954-981-6441