

<div style="display: flex; justify-content: space-between;"><div style="width: 45%;">APPLICATION FOR REINSTATEMENT FOR</div><div style="width: 45%; text-align: center;">FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS</div></div>		DO NOT WRITE IN THIS SPACE  <b>FILED</b> <b>97 APR -1 AM 10:39</b> <b>SECRETARY OF STATE</b>	
Read Instructions on Other Side Before Making Entries Make Check Payable To: Department of State			
1. Name and Mailing Address of Corporation: <b>DOCUMENT # 40519</b> <b>Mauro Properties, Inc.</b> <b>100 West Colonial Drive</b> <b>Orlando, Florida 32801</b>  If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box <input type="checkbox"/>		2. If Address in Block 1 is not the correct address below. The NAME of the corporation can be changed only by filing an amendment.  Address  Address <b>300002131503--8</b> <b>-04/02/97--01076--025</b> City and State <b>*****8.75 *****8.75</b>  Zip Code	
3. Date Incorporated or Qualified To Do Business in Florida <b>01/02/1990</b>		4. FEI Number <b>59-2995378</b> <input type="checkbox"/> FEI Number Applied For <input type="checkbox"/> FEI Number Not Applicable	
5. Names and Street Addresses of Each Officer and/or Director			
Title	Names of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City and State
PD	Donna Mauro	100 West Colonial Drive	Orlando, FL 32801
STD	Michael Mauro	100 West Colonial Drive	Orlando, FL 32801
			<b>300002131503--8</b> <b>-04/02/97--01076--025</b> <b>***1080.00 ***1080.00</b>
<b>REINSTATEMENT 95-97 40519</b>			
This corporation has liability for intangible tax under section 199.032, Florida Statutes. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No For intangible tax information call Department of Revenue 904-488-6800.			
REGISTERED AGENT INFORMATION		7. Name and Address of New Registered Agent	
6. Name and Address of Current Registered Agent  <b>Al A..Cheneler, Esquire</b> <b>2180 Park Avenue North Suite 110</b> <b>Winter Park, FL 32789</b>		Name <b>Barry L. Miller, P.A.</b> Street Address (Do NOT Use P.O. Box Number) <b>230 East Marks Street</b> Street Address (Do NOT Use P.O. Box Number)  City and State <b>Orlando</b> <b>FL.</b> Zip Code <b>32803</b>	
8. 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  Date <b>3-31-97</b>			
REGISTERED AGENT MUST SIGN			
9. 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., and that all fees owed by the corporation have been paid. 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 of Officer or Director  Date <b>3-31-97</b> Phone # <b>407-872-7717</b>  Typed or printed name of signing officer or director <b>Donna Mauro, President</b>			
10. Should you desire a certificate of status check the box.		CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	

\$97.75 Additional Fee  
required for a  
Certificate of Status