PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

L99000044484

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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DOCUMENT # L99000044484

1. Corporation Name
INTERNATIONAL BOTANICALS PROPERTIES LLC

2. Principal Office Address
12801 SW 224 St
Suite, Apt. #, etc.
City & State: Miami, FL
Zip: 33170 Country: USA

3. Mailing Office Address
541 San Esteban Ave
Suite, Apt. #, etc.
City & State: Coral Gables, FL
Zip: 33146 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: July 23, 1999

5. FEI Number: 65-0934290 ☐ 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: ROBERT E PAIGE

Street Address (P.O. Box Number is Not Acceptable): 9500 SOUTH DADELAND BOULEVARD
Suite, Apt. #, Etc.: SUITE 550
City: MIAMI State: FL Zip Code: 33156

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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: [signature] REGISTERED AGENT MUST SIGN
Date: 8-6-01

CR2E031 (9/00)

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
P	Joseph N. Hoyt	541 San Esteban Ave	Coral Gables, FL 33146
VP	Roderick J. Jude	8420 SW 162 Terrace	Miami FL 33157
		REINSTATEMENT	00-01
			let 8/13/01

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: [signature] Joseph N Hoyt. Joseph N Hoyt. 8-6-01 1-305 979-2300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #