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
96 NOV 22 PM 12:50
SECRETARY OF STATE
TALLAHASSEE FLORIDA

900002012479--9

DOCUMENT # M01294

1. Corporation Name

C.I.B. INVESTMENTS, INC.

Principal Place of Business	Mailing Address
1172 S. DIXIE HWY. SUITE 427 CORAL GABLES FL 33146 US	1172 S. DIXIE HWY SUITE 427 CORAL GABLES FL 33146 US

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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 06/04/1984

5. FEI Number: 59-1572488 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
~~DP~~	~~JENSEN, JOAN B~~	~~1172 S. DIXIE HWY, SUITE 427~~	~~CORAL GABLES FL~~
DP	BEATRICE MIKALAUSKAS	C/O Greenberg Traurig 1221 Brickell Avenue	Miami, FL 33131

REINSTATEMENT 96 AD

8. Name and Address of Current Registered Agent

~~JENSEN, JOAN BURTON~~
~~1200 BRICKELL AVE, 2ND FLOOR~~
~~MIAMI, FL 33131~~

9. Name and Address of New Registered Agent

Name: CORPORATION SERVICE COMPANY
Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street
Suite, Apt. #, Etc.:
City: Tallahassee | State: FL | Zip Code: 32301

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.

CORPORATION SERVICE COMPANY, LAURA R. DUNLAP, AS AGENT

Signature of Registered Agent: Laura R. Dunlap SIGNATURE REQUIRED Date: 11-22-96

REGISTERED AGENT MUST SIGN

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: Beatrice Mikalauskas SIGNATURE REQUIRED 11/19/96

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

CR2E040 (7/96)

1201 HAYS STREET
TALLAHASSEE, FL 32301-2607
904-222-9171
904-222-0393 FAX

800-342-8036

CSC networks
PRENTICE HALL LEGAL & FINANCIAL SERVICES

ACCOUNT NO. : 072100000032

REFERENCE : 164625 4303929

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ 375.00

ORDER DATE : November 22, 1996

ORDER TIME : 9:48 AM

ORDER NO. : 164625-005

CUSTOMER NO: 4303929

CUSTOMER: Ms. Myrna Norman-golinsky
Greenberg Traurig Hoffman
22nd Floor
1221 Brickell Avenue
Miami, FL 33131-3238

DOMESTIC FILINGS

NAME: C.I.B. INVESTMENTS, INC.

please file 1st THKS!

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
_X_ PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Carina L. Dunlap
EXAMINER'S INITIALS _____

RECEIVED
96 NOV 22 AM 11:19
DIVISION OF CORPORATION