PLEASE READ ALL INSTRUCTIONS

APPROVED AND FILED

00 JUN 27 AM 10:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

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

DOCUMENT # M16298

Corporation Name

Henry C. Tie Shue Corp.

2. Principal Office Address	3. Mailing Office Address
5775 Blue Lagoon Drive	Same as #2
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Suite 400	
City & State	City & State
Miami, FL.	
Zip / Country	Zip / Country
33126 USA	

4. Date Incorporated or Qualified To Do Business in Florida: June 5, 1985

5. FEI Number: 59-2537190 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED XX $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

900003145294--4
-07/06/00--01025--017
***1050.75 ***1058.75

Name: Henry C.Tie Shue

REINSTATEMENT 98-00 AD

Street Address (P.O. Box Number Is Not Acceptable): 5775 Blue Lagoon Drive

Suite, Apt. #, Etc.: Suite 400

City: Miami State: FL Zip Code: 33126

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: Henry C. Tie Shue Date: 6/22/00

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
CEO/D	Stanley I. Shapiro	5775 Blue Lagoon Drive	Miami, FL 33126
Chairman/ D	Henry C. Tie Shue	5775 Blue Lagoon Drive	Miami, FL 33126
Chairman/ D	Howard Levine	5775 Blue Lagoon Drive	Miami, FL 33126
Sec.	Marla I. Berman	5775 Blue Lagoon Drive	Miami, FL 33126
D	Robert G. Breier	5775 Blue Lagoon Drive	Miami, FL 33126
D	Michael A. Gorman	5775 Blue Lagoon Drive	Miami, FL 33126
D	Scott F. Hilinski	5775 Blue Lagoon Drive	Miaim, FL 33126

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: 6/22/00 (305) 262-1333

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

Stanley I. Shapiro, President & CEO