~2006 FOR PROFIT CORPORATION REINSTATEMENT

SECRETARY OF STATE DIVISION OF CORPORATIONS DOCUMENT # M83238 1. Entity Name 06 FEB -8 AM 10: 28 RODNEY D. LOGAN, P.A. Principal Place of Business Mailing Address RENSTATEMENT 05-06 100 SE 2 ST 100 SE 2 ST 2600 2600 MIAMI, FL 33131 US MIAMI, FL 33131 2. Principal Place of Business 3. Mailing Address S.E. Zel Avenue 1 S.E. 3id Avenue Suite, Apt. #, etc. Suite, Apt. #, etc. 02022006 REIN-P CR2E098 (11/05) 2110 2110 City & State City & State 4. FEI Number Applied For Florida Florida Miami Miami 65-0064512 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired ) < Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LOGAN, RODNEY D. Street Address (P.O. Box Number is Not Acceptable) 100 S.E. SECOND ST Avenue. #2600 MIAMI, FL 33131 Miami ging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named epitty submits this state ent for the purpose of cha the obligations of egistered agent SIGNATURE Signature, typed or printed name of regi NOTE: Rec Agent signature required when reinstating In accordance with s. 607.193(2)(b), F.S., the FILE NOW!!! FEE IS \$300.00 corporation did not receive the prior notice. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. DΡ Change Delete TITLE ☐ Addition TITLE Logan, Rodney D. 15.E. 3rd Avenue, Suite 2110 LOGAN, RODNEY D. NAME STREET ADDRESS STREET ADDRESS 100 SE 2 ST #2600 CITY-ST-ZIP MIAMI, FL 33131 CITY-ST-ZIP uiami Florida 33131 1000658169™ □<sup>Ad</sup> 02/14/06--01016--011 \*\*300.00 ■ Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Defete ☐ Change THLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information sopplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee employered of execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if like empower changed, or on an attachm SIGNATURE: SIGNATURE AND TYPED OR PRINTE

FILED