PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 MAY -9 PM 12:48

SECRETARY OF STATE
TALLAHASSEE FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT 00-03

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05/09/03--01056--015 **1200.00

DOCUMENT # M90009

1. Corporation Name: Seco 188, Inc
~~16025 Dobson Rd~~
~~Venice FL 34266~~

2. Principal Office Address	3. Mailing Office Address
1 Las Olas Circle	
Suite, Apt. #, etc.: 1416	Suite, Apt. #, etc.
City & State: Ft. Lauderdale, Fla	City & State
Zip: 33316 Country: Broward	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 7/11/88

5. FEI Number: 650081865 ☐ 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: Donald J. Doody

Street Address (P.O. Box Number is Not Acceptable): 3099 East Commercial Blvd

Suite, Apt. #, Etc.: Suite 200

City: Ft. Lauderdale State: FL Zip Code: 33308

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: Donald J. Doody Date: May 8, 2003

REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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	Donald A Schneider	1 Las Olas Circle #1416	Ft. Lauderdale, Fla

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 that signature shall have the same legal effect as if made under oath.

SIGNATURE: Donald A. Schneider 5/8/03 954-771-4500

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

gr 5/19