PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 MAY 19 PM 4:51

REINSTATEMENT 9403

DOCUMENT # N33734

1. Corporation Name
TRANSFLORIDA EXECUTIVE CENTRE, INC.

2. Principal Office Address	3. Mailing Office Address
C/O Time Properties, Inc.	(Same)
Suite, Apt. #, etc.: 4140 Battersea Road	Suite, Apt. #, etc.
City & State: Coconut Grove, Florida	City & State
Zip: 33133 Country: USA	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 08/16/1989

5. FEI Number: 65017729 ☐ 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: Thomas L. Abrams c/o Thomas L. Abrams, P.A.
Street Address (P.O. Box Number is Not Acceptable): 1776 North Pine Island Road
Suite, Apt. #, Etc.: Suite 326
City: Plantation, State: FL Zip Code: 33322

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 _____ Date May 16, 2003
REGISTERED AGENT MUST SIGN

CR2E081(1-00/02)

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	Roy D. Tanis	2800 Ponce de Leon Blvd.	Coral Gables, Florida 33134
VP/D	Mark T. Ahlgrim	1489 W. Palmetto Park Road, Suite 300	Boca Raton, Florida 33486
S/T/D	Barbara Grattan	1489 W. Palmetto Park Road, Suite 300	Boca Raton, Florida 33486
			100019329521

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: Roy D. Tanis 5/13/03 305-648-7023
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 098518 7287603

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ 490.00

ORDER DATE : May 19, 2003

ORDER TIME : 3:43 PM

ORDER NO. : 098518-005

CUSTOMER NO: 7287603

CUSTOMER: Thomas Abrams, Esq
Thomas L. Abrams, P.a.
1776 N. Pine Island Road
Suite 326
Fort Lauderdale, FL 33322

DOMESTIC FILINGS

NAME: TRANSFLORIDA EXECUTIVE CENTRE, INC.

XX ___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
XX _____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward, Ext. 1135

EXAMINER'S INITIALS _____

RECEIVED
03 MAY 19 PM 4:26
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA