PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 AUG 21 AM 9:55

DOCUMENT # N98000003887

1. Corporation Name N98000003887

THE N. ETIEVAN FOUNDATION CORP.

REINSTATEMENT 99-00

2. Principal Office Address	3. Mailing Office Address
One S.E. Third Avenue	
Suite, Apt. #, etc.: 28th Floor	Suite, Apt. #, etc.
City & State: Miami, Florida	City & State
Zip: 33131 Country: U.S.A.	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 07/02/1998

5. FEI Number: 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: AMERICAN INFORMATION SERVICES, INC.

Street Address (P.O. Box Number is Not Acceptable): One S.E. Third Avenue

Suite, Apt. #, Etc.: 28th Floor

City: Miami State: FL Zip Code: 33131

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: AMERICAN INFORMATION SERVICES, INC. By: [signature] Date: 07/12/00

Astrid Buttari, Asst. Secretary

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
D	DE ETIEVAN, NATHALIE	One S.E. Third Avenue 28th Floor	Miami, Florida 33131
D	SANTANDER, FLAVIO	One S.E. Third Avenue 28th Floor	Miami, Florida 33131
D	ELIAS, MARCUS	One S.E. Third Avenue 28th Floor	Miami, Florida 33131
			8/18/21

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: [signature] 08/18/00 (305) 374-5600

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

Flavio Santander, Director

Florida Department of State

Division of Corporations

Public Access System

Katherine Harris, Secretary of State

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To:
Division of Corporations
Fax Number : (850)922-4004

From: ASTRID BUTTARI, L.A.
Account Name : AKERMAN, SENTERFITT & EIDSON, P.A.
Account Number : 075471001363
Phone : (305)374-5600
Fax Number : (305)374-5095

CORPORATION REINSTATEMENT

THE N. ETIEVAN FOUNDATION CORP.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$297.50