**PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.**

**CORPORATION REINSTATEMENT**

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

FILED
01 MAY 31 AM 8:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**DOCUMENT #** N 99 00000 3565

1. Corporation Name
Florida City Homestead, Goldcoast Historic Railroad Foundation, Inc.

2000-01 UBR

| 2. Principal Office Address | 3. Mailing Office Address |
|---|---|
| 1390 S. Dixie Hwy | 1390 S. Dixie Hwy. |
| Suite, Apt. #, etc. #1203 | Suite, Apt. #, etc. #1203 |
| City & State Coral Gables, FL | City & State Coral Gables, FL |
| Zip 33146 Country USA | Zip 33146 Country USA |

4. Date Incorporated or Qualified To Do Business in Florida 6/10/99

5. FEI Number 65-0935901 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $9.75 Additional fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Henry H. Raattama, Jr. c/o American Information Services

Street Address (P.O. Box Number is Not Acceptable): One SE 3rd Ave., 28th Floor

Suite, Apt. #, Etc.:

City: Miami State: FL Zip Code: 33131

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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: H H Raattama Date: 5-30-01
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 |
|---|---|---|---|
| Chmn Dir | Allen C. Harper | 1390 S. Dixie Hwy | Coral Gables, FL 3314 |
| Sec Trs D | Loretta A. Murphy | 1390 S. Dixie Hwy | Coral Gables, FL 3314 |
| D | Jeffrey D. Jackson | 479 Main | Durango, Co 81301 |
| | | | |
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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: Loretta A. Murphy SEC. 5-30-01 305-667-0990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

LORETTA A. MURPHY