PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 MAR 24 AM 11:25

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000005195

REINSTATEMENT 02-04

1. Corporation Name

SKIPPER PALMS PROPERTIES, INC.

2. Principal Office Address	3. Mailing Office Address
1696 N.E. MIAMI GARDENS DRIVE	1696 N.E. MIAMI GARDENS DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: N. MIAMI BEACH, FL	City & State: N. MIAMI BEACH, FL
Zip: 33179 County: MIAMI-DADE	Zip: 33179 County: MIAMI-DADE

4. Date Incorporated or Qualified To Do Business in Florida: January 18, 2000

5. FEI Number: 76-0630259 (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: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street

Suite, Apt. #, Etc.:

City: Tallahassee State: FL Zip Code: 32301

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: JR Jeanine Reynolds as its agent — REGISTERED AGENT MUST SIGN

Date: 3-24-04

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
PSD	CHAIM KATZMAN	1696 NE MIAMI GARDENS DRIVE	NORTH MIAMI BEACH, FL 33179
VPD	DORON VALERO	1696 NE MIAMI GARDENS DRIVE	NORTH MIAMI BEACH, FL 33179
EVP	HOWARD M. SIPZNER	1696 NE MIAMI GARDENS DRIVE	NORTH MIAMI BEACH, FL 33179

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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: DORON VALERO, VICE PRESIDENT 3/24/04 305 947-1662

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

MAR. 24. 2004 10:06AM CORPORATION SVC CO NO. 061 P. 2