FILED
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05 APR 27 PM 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

DOCUMENT # P00000093T0

1. Corporation Name: PROPERTY ONE INT'L, INC.

2. Principal Office Address: 4750 N.W. 65 AVENUE
Suite, Apt. #, etc.:
City & State: LAUDERHILL, FL. 33319
Zip: 33319 Country: BROWARD

3. Mailing Office Address:
Suite, Apt. #, etc.: SAME
City & State:
Zip: Country:

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

5. FEI Number: 65-0974983 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: GIL STEEL
Street Address (P.O. Box Number is Not Acceptable): 4750 N.W. 65 AVENUE
Suite, Apt. #, Etc.:
City: LAUDERHILL, FL. 33319 State: FL Zip Code:

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: [signature] REGISTERED AGENT MUST SIGN Date: 03/25/05

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/D	GIL STEEL	4750 N.W. 65 AVENUE	LAUDERHILL, FL 33319

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 607.1401 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 complete, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: [signature] 03/25/05 954-839-7739
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

H05000105531 3

Florida Department of State

Division of Corporations
Public Access System

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CORPORATION REINSTATEMENT

PROPERTY ONE INT'L, INC.

Certificate of Status	0
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