PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 APR 21 AM 9:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000060643

1. Corporation Name
1170 KANE CONCOURSE GROUP, INC.

REINSTATEMENT 02-03

800016325068
04/18/03--01058--009 **900.00

| 2. Principal Office Address | 3. Mailing Office Address |
|---|---|
| 701 Brickell Avenue | 701 Brickell Avenue |
| Suite, Apt. #, etc.: Suite 1250 | Suite, Apt. #, etc.: Suite 1250 |
| City & State: Miami, Florida | City & State: Miami, Florida |
| Zip: 33131 / Country: | Zip: 33131 / Country: |

4. Date Incorporated or Qualified To Do Business in Florida: June 22, 2000

5. FEI Number: 65-1034500 — 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: Norman T. Roberts

Street Address (P.O. Box Number is Not Acceptable): 50 West Mashta Drive

Suite, Apt. #, Etc.: Suite 4

City: Key Biscayne — State: FL — Zip Code: 33149

**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: April 10, 2003
REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

**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 |
|---|---|---|---|
| PTD | Jaime Gilinski | 701 Bricekll Ave., S1250 | Miami, Fl. 33131 |
| VPS | Robert L. Brookes | 701 Brickell Ave., S1250 | Miami, Fl. 33131 |
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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: _____ April 10, 2003 (305)3585300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Robert L. Brookes Vice President

gs 4/21/03