FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
04 SEP 20 PM 4:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600041607136
10/05/04--01048--001 **550.00

REINSTATEMENT

DOCUMENT # P00000091663

1. Entity Name
FENLAND, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1800 Sunset Harbor Dr.	
Suite, Apt. #, etc. Apt. 1402	Suite, Apt. #, etc.
City & State Miami Beach, FL	City & State
Zip 33139 / Country Miami-Dade	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 651044744 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

7. Name and Address of Current Registered Agent
Name: Mark L. Rilvin
Street Address (P.O. Box Number is Not Acceptable): 1550 Madruga Ave., #120
City: Coral Gables FL Zip Code: 33146

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: [signature] — August 6th 2004
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
P	Birch, Gerald M.R. 1800 Sunset Harbor Dr. Apt. 1402 Miami Beach, FL 33139
S	Santos Birch, Anna Beatriz 1800 Sunset Harbor Dr., Apt. 1402 Miami Beach, FL 33139

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CR2E034B (12/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] GMR BIRCH — August 6th 2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #