PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
04 FEB 24 AM 11:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000094432

1. Corporation Name
FLORIDA 4 BP, INC.

REINSTATEMENT 02-04

2. Principal Office Address	3. Mailing Office Address
915 MIDDLE RIVER DRIVE	111 N.E. FIRST STREET
Suite, Apt. #, etc.: SUITE 506	Suite, Apt. #, etc.: SUITE 900
City & State: FORT LAUDERDALE, FL	City & State: MIAMI, FL
Zip: 33304 Country: BROWARD	Zip: 33132-2517 Country: MIAMI-DADE

4. Date Incorporated or Qualified To Do Business in Florida: OCTOBER 6, 2000

5. FEI Number: 65-1044945 ☐ 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: R. FIGUEROA, P.A.

Street Address (P.O. Box Number is Not Acceptable): 6401 S.W. 87 AVENUE

Suite, Apt. #, Etc.: SUITE 202

City: MIAMI State: FL Zip Code: 33173

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: 2/17/2004
REGISTERED AGENT MUST SIGN

CR2E031 (01/04)

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
DPT	ANTONIO BRITO ALMENARA	111 NE FIRST ST., SUITE 900	MIAMI, FL 33132
DVPS	CARMEN PARRA CARDOZO	111 NE FIRST ST., SUITE 900	MIAMI, FL 33132

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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: _____ Antonio Brito. 02/17/2004 305-372-3400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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