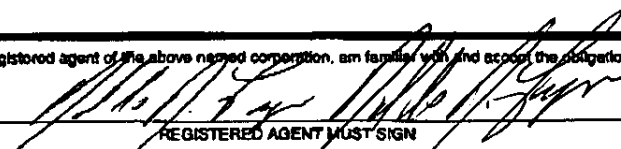


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORMED

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		04 FEB 24 AM 11:50 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # P00000094432 1. Corporation Name FLORIDA 4 BP, INC.					
2. Principal Office Address 915 MIDDLE RIVER DRIVE		3. Mailing Office Address 111 N.E. FIRST STREET		REINSTATEMENT	
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 607.0503 or 617.0503, F.S.					
Signature of Registered Agent				Date <u>2/17/2004</u>	
REGISTERED AGENT MUST SIGN					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title	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		
300030599013 02/17/04--01016--029 **1058					
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)(b), 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 #	

CREATED (02/17/04)

B