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FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2002 OCT 31 PM 1:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

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

DOCUMENT # P00000094647

1. Corporation Name

NEO SCARPA INTERNATIONAL INC.

2. Principal Office Address

5252 LAGORCE Dr.

Suite, Apt. #, etc.

A

City & State

Miami Bch, FL 33140

Zip | Country

33140 | DADE

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip | Country

4. Date Incorporated or Qualified To Do Business in Florida

10/06/2000

5. FEI Number

65-0 96495

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

FABIENNE DEBAIX

Street Address (P.O. Box Number is Not Acceptable)

5252 LAGORCE DRIVE

Suite, Apt. #, etc.

A

City

Miami Bch

State: FL | Zip Code: 33140

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

REGISTERED AGENT MUST SIGN

Date 10/29/02

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
(P)	FABIENNE DeBAIX	5252 LA Gorce Dr. # A	Miami Beach, FL 33140

10. To 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10/29/02

Daytime Phone #

JP 10/31/02

Florida Department of State

Division of Corporations

Public Access System

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To:

Division of Corporations
Fax Number : (850)205-0384

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-1000
Fax Number : (850)521-1030

CORPORATION REINSTATEMENT

TAX CREDIT SENIOR PROPERTIES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$750.00