

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

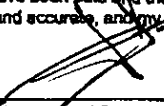
CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		02 JUL -8 AM 11:30 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # P00000115148							
1. Corporation Name BRIGHTON FLORIDA PROPERTIES CORP.							
2. Principal Office Address 95 MERRICK WAY Suite, Apt. #, etc. SUITE 440 City & State CORAL GABLES, FL Zip 33134 Country USA				3. Mailing Office Address SAME Suite, Apt. #, etc. SAME City & State SAME Zip SAME Country SAME			
4. Date Incorporated or Qualified To Do Business in Florida						09/21/01	
5. FEI Number						☒ 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 LUIS F. DE LA CRUZ, JR.			
Street Address (P.O. Box Number is Not Acceptable) 95 MERRICK WAY			
Suite, Apt. #, Etc. SUITE 440			
City CORAL GABLES		State FL	Zip Code 33134

100000052441-8
-06/26/02--01084-016
***300.00 ***300.00

B. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0506 or 617.0503, F.S.	
Signature of Registered Agent	Date
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
D	ALEJANDRO P. SOTO	95 MERRICK WAY, SUITE 440	CORAL GABLES, FL 33134
	201.25 - AR		
	10.00 - ARARTS		
	88.75 - ARSUPP		

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)(f), 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: 	4/11/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
Date Daytime Phone #	

CRZEDM (9/01)