PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

APPROVED AND FILED

01 NOV -2 PM 12:20

SECRETARY OF STATE TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

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

DOCUMENT # P00000117380

1. Corporation Name

Downtown Miami Management Group, Inc.

REINSTATEMENT 2001

5/101 90075 025 #150.00

2. Principal Office Address		**3.** Mailing Office Address	
1215 N. Venetian Way		1215 N. Venetian Way	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Miami Beach		Miami Beach, Florida	
Zip	Country	Zip	Country
33139	USA	33139	USA

4. Date Incorporated or Qualified To Do Business in Florida: 12/27/2000

5. FEI Number: x 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: Gregory Mirmelli

Street Address (P.O. Box Number is Not Acceptable): 1215 N. Venetian Way

Suite, Apt. #, Etc.:

City: Miami Beach | State: FL | Zip Code: 33139

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~~12/05/01--01072--024~~
****600.00 ****600.00

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: [signature] Date: 10-31-01

REGISTERED AGENT MUST SIGN

CR2E061 (9/99)

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
PVSD	Gregory Mirmelli	1215 N. Venetian Way	Miami Beach, FL 33139

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: [signature] 10-31-01 305-984-4747

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Gregory Mirmelli — Date — Daytime Phone #