FAX AUDIT # H06000254316

1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 OCT 17 PM 4:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000083184

1. Corporation Name
ESTATES OF KEY BISCAYNE CORP.

2. Principal Office Address	3. Mailing Office Address
1395 Brickell Avenue	c/o Paulo Miranda One S.E. 3rd Avenue
Suite, Apt. #, etc. Suite 720	Suite, Apt. #, etc. 28th Floor
City & State Miami, FL	City & State Miami, FL
Zip: 33131 Country: USA	Zip: 33131 Country: USA

CR2E031 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida: 05-25-2004

5. FEI Number: 35-2232432 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $30.00 additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: American Information Services, Inc.

Street Address (P.O. Box Number is Not Acceptable): One S.E. 3rd Avenue

Suite, Apt. #, Etc.: 28th Floor

City: Miami | State: FL | Zip Code: 33131

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: By Angelica M. Chiru, Assistant Secretary — Date: 10/17/06

REGISTERED AGENT MUST SIGN

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
DPS	Arthur Soares	1395 Brickell Avenue Suite 720	Miami, FL 33131

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 complies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names and addresses listed on this form do not qualify for an exemption contained in Chapter 119, 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: Arthur Soares — 10/17/06 — (786)2812121

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

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Florida Department of State
Division of Corporations
Public Access System

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

From: Angelica M. Chinn
Account Name : AKERMAN, SENTERFITT & EIDSON, P.A.
Account Number : 075471001363
Phone : (305)374-5600
Fax Number : (305)374-5095

CORPORATION REINSTATEMENT

ESTATES OF KEY BISCAYNE CORP.

Certificate of Status	0
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