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FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 FEB 17 PM 3: 15

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000071026

1. Entity Name
SAVOY CORPORATE MANAGEMENT, INC.

Principal Place of Business	Mailing Address
455 OCEAN DRIVE MIAMI BEACH, FL 33139	455 OCEAN DRIVE MIAMI BEACH, FL 33139

02122009 REIN-P CR2E096 (1/07)

2. Principal Place of Business No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 86-1169612 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION COMPANY OF MIAMI
C/O KDC, 201 S. BISCAYNE BOULEVARD
SUITE 1500
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name: CT Corporation System
Street Address (P.O. Box Number is Not Acceptable): 1200 S. Pine Island Rd., Suite 250
City: Plantation FL Zip Code: 33324

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Barbara A Burke — Barbara A. Burke, Special Assistant Secretary — 2.12.09
Signature, typed or printed name of registered agent and title if applicable — DATE
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $900.00

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD WERJUKA, ABRAHAM 455 OCEAN DRIVE MIAMI BEACH, FL 33139	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD WERJUKA, ABRAHAM 425 OCEAN DRIVE MIAMI BEACH, FL 33139	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	REINSTATEMENT 08-09 KS	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 2/13/09
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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CORPORATION REINSTATEMENT

SAVOY CORPORATE MANAGEMENT, INC.

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