PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000093728

1. Corporation Name

Occabot Properties, Inc.

REINSTATEMENT 2008 KS

CR2E081 (10/08)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
2900 S.W. 28th Terrace	2900 S.W. 28th Terrace
Suite, Apt. #, etc. 5th Floor	Suite, Apt. #, etc. 5th Floor
City & State Miami, FL	City & State Miami, FL
Zip 33133 / Country USA	Zip 33133 / Country USA

4. Date Incorporated or Qualified To Do Business in Florida 06/30/2005

5. FEI Number 20-3106231 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $30.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Nicholas E. Christin

Street Address (P.O. Box Number is Not Acceptable): 2900 S.W. 28th Terrace

Suite, Apt. #, Etc.: 5th Floor

City: Miami / State: FL / Zip Code: 33133

☑ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 _____ Date 11/04/2008

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
D	Nicholas E. Christin	2900 S.W. 28th Terr., 5th Flr.	Miami, FL 33133

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 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: _____ Nicholas E. Christin 11/04/08

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

Florida Department of State
Division of Corporations
Public Access System

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Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-1000
Fax Number : (850)558-1575

Joyce

CORPORATION REINSTATEMENT

OCCABOT PROPERTIES, INC.

Certificate of Status	0
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