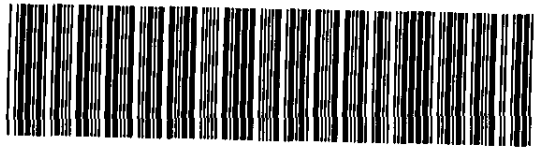


PLEASE READ ALL INSTRUCTIONS BEFORE COM



800263439568

REINSTATEMENT

09/25/14--01010--008 **635.00

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS																									
DOCUMENT # P07000074800 1. Corporation Name EQUISTAR DYL II, INC.																											
2. Principal Office Address - No P.O. Box # 1221 BRICKELL AVE Suite, Apt. #, etc. SUITE 660 City & State MIAMI, FLORIDA Zip 33131 Country USA		3. Mailing Office Address Suite, Apt. #, etc. City & State Zip Country																									
7. Name and Address of Current Registered Agent Name DALE REED Street Address (P.O. Box Number is Not Acceptable) 1221 BRICKELL AVE Suite, Apt. #, etc. SUITE 660 City MIAMI State FL Zip 33131		4. Date Incorporated or Qualified To Do Business in Florida 08/27/2007 5. FEI Number 26-1124450 Applied For Not Applicable 6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status																									
8. Signature of Registered Agent Date 10/13/14 REGISTERED AGENT MUST SIGN																											
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) <table border="1"> <thead> <tr> <th>Titles</th> <th>Name of Officers and/or Directors</th> <th>Street Address of Each Officer and/or Director</th> <th>City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>CEO</td> <td>JOHN YANOPOULOS</td> <td>1221 BRICKELL AVE</td> <td>MIAMI FLORIDA 33131</td> </tr> <tr> <td>AGENT</td> <td>DALE REED</td> <td>1221 BRICKELL AVE</td> <td>MIAMI FLORIDA 33131</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>				Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	CEO	JOHN YANOPOULOS	1221 BRICKELL AVE	MIAMI FLORIDA 33131	AGENT	DALE REED	1221 BRICKELL AVE	MIAMI FLORIDA 33131												
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10. E-mail Address: Joseph.Geluso@ty-group.com (To be used for future annual report notification)																											
11. 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., and that all fees owed by the corporation have been paid. I further certify, the information provided on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted to a document to the Department of State constitutes a third degree felony as provided for in a 617.155 F.S. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 10/13/14 305-769-3777																											

OCT 15 PM 2:26

OCT 15 2014

C. CARROTHERS