PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. $1,208.75

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

P92000006357

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 JUN 26 PM 3:30

DOCUMENT # P92000006357

1. Corporation Name

M2 EMERALD CORPORATION

8/25/95

Principal Place of Business	Mailing Address
801 Arthur Godfrey Rd. Suite 400 Miami Beach, FL 33148	801 Arthur Godfrey Rd. Suite 400 Miami Beach, FL 33148

400002582674--0
-07/08/98--01035--005
***4278.75 ***1191.25

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
1401 Brickell Avenue	1401 Brickell Avenue
Suite, Apt. #, etc. Suite 630	Suite, Apt. #, etc. Suite 630
City & State Miami, FL	City & State Miami, FL
Zip: 33131 Country: Dade	Zip: 33131 Country: Dade

4. Date Incorporated or Qualified To Do Business in Florida: 11/19/92

5. FEI Number: 65-0377370 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City State Zip
P,S,D	Ira M. Levenshon	Suite 630 1401 Brickell Avenue	Miami, FL 33131

400002582674--0
-07/08/98--01035--006
*****17.50 *****17.50

1,200.00
8.75
CK
$1,208.75

REINSTATEMENT 1995-1998

BTC CK

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
Peninsula Registered Agents Inc. 200 SE 1st Street, Penthouse Miami, FL 33131	Name: Ira M. Levenshon Street Address (P.O. Box Number is Not Acceptable): 1401 Brickell Avenue Suite, Apt. #, Etc.: Suite 630 City: Miami State: FL Zip Code: 33131

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent By: [signature] pres.
REGISTERED AGENT MUST SIGN

Date June, 1998

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☑

(See other side for information on intangible tax.)

12. 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 due 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] June 25, 1998 (305)-373-9800

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

Ira M. Levenshon, President