PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 OCT -2 PM 2:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000027707

1. Corporation Name

LUPUS, INC.

Principal Place of Business	Mailing Address
200 E. Broward Blvd., Suite 1900 Ft. Lauderdale, FL 33301	

REINSTATEMENT 96-97
DO NOT WRITE IN THIS SPACE

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 Address, If Applicable
7273 Fisher Island Drive	1825 Ponce de Leon Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 217
City & State Miami, Florida	City & State Coral Gables, FL
Zip 33109 Country USA	Zip 33134 Country USA

4. Date Incorporated or Qualified To Do Business In Florida: 4/15/97

5. FEI Number: 65-0404584 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ X — $6.75 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
DT	Guadalupe Grosvenor Ibarra	7273 Fisher Island Drive	Miami, FL 33109
DPS	Alvaro Cervera Zea	7273 Fisher Island Drive	Miami, FL 33109

800002311388--0
-10/03/97--01115--002
****967.50 ****967.50

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
Piero L. DeSiderio c/o Stearns, Weaver, et al. 200 E. Broward Blvd., Suite 1900 Ft. Lauderdale, FL 33301	Name: Jahn Agency, Inc. Street Address (P.O. Box Number is Not Acceptable): 1825 Ponce de Leon Blvd., Suite 217 Suite, Apt. #, Etc. City: Coral Gables, State: FL Zip Code: 33134

CR2E036 (12/95)

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: T. Lorain Jahn — Date: 10-1-97
REGISTERED AGENT MUST SIGN

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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. 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: _____ 10-1-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #