PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED
96 DEC -5 PM 1:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000033108

1 Corporation Name
BACONDO, INC.

700002024787--3
-12/10/96--01101--008
******8.75 ******8.75

REINSTATEMENT

DO NOT WRITE IN THIS SPACE

Mailing Address	Principal Place of Business
c/o Francisco J. Arbide	c/o Francisco J. Arbide
~~P.O. Box 5093~~	~~P.O. Box 5093~~
~~Miami Lakes, FL 33014~~	~~Miami Lakes, FL 33014~~

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

2 New Mailing Address, If Applicable	3 New Principal Office Address, If Applicable
2601 South Bayshore Drive	2601 South Bayshore Drive
Suite, Apt. #, etc. Suite 1900	Suite, Apt. #, etc. Suite 1900
City & State Miami, Florida	City & State Miami, Florida
Zip 33133 Country USA	Zip 33133 Country USA

4. Date Incorporated or Qualified To Do Business in Florida: May 6, 1993

5. FEI Number: 65-0417361 ☐ 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	Mishcon, Adam C.	c/o Francisco J. Arbide 2601 S. Bayshore Dr. #1900	Miami, FL 33133
D	Arbide, Francisco J.	2601 S. Bayshore Dr., #1900	Miami, FL 33133
D	Atkinson, David R.	777 S. Flagler Dr., Ste 500E	West Palm Beach, FL 33401

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****575.00 ****575.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
Mishcon, Adam C. 150 West Flagler Street, Suite 2300 Miami, FL 33130	Name: Francisco J. Arbide Street Address (P.O. Box Number is Not Acceptable): 2601 South Bayshore Drive Suite, Apt. #, Etc.: Suite 1900 City: Miami State: FL Zip Code: 33133

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: Francisco J. Arbide — REGISTERED AGENT MUST SIGN — Date: December 4, 1996

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. 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.)

13 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: Francisco J. Arbide (Francisco J. Arbide) 12/4/96 (305) 854-5900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E040 (6/94)