SEP-29-97 MON 02:02 PM

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING APPROVED AND FILED

APPLICATION FOR REINSTATEMENT

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

1997 OCT -9 AM 11:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000036185

1. Corporation Name

LUPUS II, INC.

Principal Place of Business / Mailing Address

200 E. Broward Blvd., Suite 1900
Ft. Lauderdale, FL 33301

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable
7273 Fisher Island Drive
Suite, Apt. #, etc.
City & State
Miami, Florida
Zip 33109 Country USA

3. New Mailing Address, If Applicable
1825 Ponce de Leon Blvd.
Suite, Apt. #, etc. Suite 217
City & State Coral Gables, FL
Zip 33134 Country USA

4. Date Incorporated or Qualified To Do Business In Florida
5/17/93

5. FEI Number
65-0567178
Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED X
$8.75 Additional if requested for a Certified Copy 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
DPST	Guadalupe Grosvenor Ibarra	7273 Fisher Island Drive	Miami, FL 33109

000002317585--8
-10/10/97--01083--005
****87.50 ****87.50

REINSTATEMENT

8. Name and Address of Current Registered Agent

Piero L. DeSiderio
c/o Stearns, Weaver, et al.
200 E. Broward Blvd., Suite 1900
Ft. Lauderdale, FL 33301

9. Name and Address of New Registered Agent

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

(Rev. 12/96)

I (We), 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: [signature] Date: 10/2/97
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: [signature] 2-10-97
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #