PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 MAR -8 AM 11:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000052210

1. Corporation Name
MAGNUM PROPERTY DEVELOPMENT CORP.
1280 N.E. 48th ST

2. Principal Office Address	3. Mailing Office Address
1280 N.E 48th STREET	SAME
Suite, Apt. #, etc. —	Suite, Apt. #, etc. —
City & State POMPANO BEACH FL	City & State —
Zip 33064 Country USA	Zip Country

REINSTATEMENT 2000-01

4. Date Incorporated or Qualified To Do Business In Florida July 23, 1993

5. FEI Number 650428556 Applied For ☐ Not Applicable ☐

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

7. Name and Address of Current Registered Agent

Name: CT. CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable): 1200 S Pine Island Rd

Suite, Apt. #, Etc.:

City: Plantation State: FL Zip Code: 33324

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-03/13/01--01106--005
******8.75 ******8.75

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****900.00 ****900.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Sean L Emerick, Asst. Secy. Date: 3/6/01
REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DIR	HARRY HABETS	14901 QUORUM DR. STE200	DALLAS TX 75240
DIR	WILLIAM ADDY	14901 QUORUM DR STE 200	DALLAS TX 75240
DIR	WILLIAM SOLOMON	14901 QUORUM DR STE 200	DALLAS TX 75240
DIR.	PETER TREMBATH	14901 QUORUM DR STE 200	DALLAS TX 75240
			LS

10. 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 owed 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] 3-2-01 972-850-6025
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #