PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAY -6 AM 9:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000032895

1. Corporation Name

RAINIER PROPERTIES, INC.

2. Principal Office Address	**3.** Mailing Office Address
7708 MCELVEY	P.O. BOX 18349
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PANAMA CITY BEACH, FL	City & State: PANAMA CITY BEACH, FL
Zip: 32408 / Country: USA	Zip: 32417-8349 / Country: USA

REINSTATEMENT 03-04

4. Date Incorporated or Qualified To Do Business in Florida 05/02/1994

5. FEI Number 59-3239045 — ☐ 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: BONNI P. THOMPSON

Street Address (P.O. Box Number is Not Acceptable): 4421 THOMAS DR.

200035559822
05/06/04--01023--029 **900.00

Suite, Apt. #, Etc.: SUITE 802

City: PANAMA CITY BEACH | State: FL | Zip Code: 32408

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: Bonni P. Thompson — REGISTERED AGENT MUST SIGN

Date: 4/30/04

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
PD	STEVEN L. JOLIVETTE	4421 THOMAS DR., #802	PANAMA CITY BEACH, FL. 32408
VDST	BONNI P. THOMPSON	4421 THOMAS DR., #802	PANAMA CITY BEACH, FL. 32408

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: Bonni P. Thompson V.P. — 4/30/04 — 850-233-0879

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