PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE CORPORATION Katherin: Harris 02 JUL 29 PH 1:28 REINSTATEMENT Secretary of State DIVISION OF CORPORATIONS SECRETARY OF STATE TALLAHASSEE, FLORIDA 294000080910 DOCUMENT # 1. Corporation Name THE LONG PROPERTY GROUP, INC. 2. Principal Office Address 3. Mailing Office Address 19 CAMPHOR AVE, REINSTATEMENT 198-02 Date Incorporated or Qualified To Do Business in Florida City & State Applied For Not Applicable \$8.75 Additional Fee required 7. Name and Address of Current Registered Agent -08/01/02--01020--0**1**5 SARHSOTA 8. I, being appointed the registered agent of the above ற்றுவ் corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S Signature of Registered Agent REGISTERED AGEN MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each City / State / Zip Officer and/or Director IC E. LOI-6 4719 CAMPHOR AVE. SHRASOTA, FC 34231 47/9 CAMPHOR AVE, SARASOTA, FO 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), E.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. PRESIDENT - DIRECTOR

SIGNATURE: