PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM, FLORIDA DEPARTMENT OF STATE **APPLICATION** Jim Smith 97 FEB 24 AM 10: 32 FOR Secretary of State REINSTATEMENT **DIVISION OF CORPORATIONS** SECHETARY OF STATE Read Instructions on Other Side Before Making Entre-Make Check Payable To: Department of State 2. If Address in Block 1 is incorrect in any way, enter the correct 1. Name and Mailing Address of Corporation: DOCUMENT # P94000086191 AMERICAN RIVIERA SOUTH III, INC. Address 100 S.E. 2nd Street 28th Floor City and State Zip Code Miami, Florida 33131 If Principle Office Address is different from mailing address, enter address below: Zip Code Number Date Incorporated or Qualified
To Do Business in Florida \$8.75 Additional Fee required **FEI Number Applied For** for a Certificate of Status 98-0150829 **FEI Number Not Applicable** CERTIFICATE OF STATUS DESIRED 11/25/94 7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each Officer and/or Director City / State / Zip Title(s) and/or Directors (Do NOT Use Post Office Box Numbers) Ajax, Ontario L1S 3C2 Church Street South, Box 91 **DPST** Michael D. Lyons 002096733---02/25/97--01075--003 ****915.00 ****915.00 9. if changed, new registered agent / office REGISTERED AGENT INFORMATION Name 8. Name and Address of Current Registered Agent Street Address (Do NOT Use P.O. Box Number) KTG&S REGISTERED AGENT CORPORATION 100 S.E. 2nd Street Street Address (Do NOT Use P.O. Box Number) 28th Floor Miami, FL 33131 City State Zip 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 January 30, 1997 Registered Agent President of Massker istered Agent Corp. Marc H. Auerbach, Esq., (See other side for 11. If this corporation is a non-profit with I/R.S. 501(c)(3) tax exempt status, check this box additional information.) loes this corporation pay any intangible tax to the (See other side for information on intangible tax.) ept. of Revenue under S. 199.032, Florida Statutes. No X Yes 13. 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 less 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 unde 405-Signature Officer or 6833210

MICHAEL D. LYONS. PRESIDENT

Typed or printed name of signing officer or director