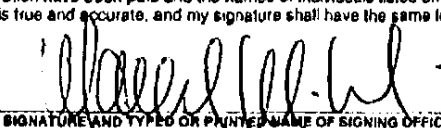


APPROVED
AND
FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P94000091404 1. Corporation Name Next Coco Bay Development Corporation			
Principal Place of Business 901 Ponce de Leon Blvd. Suite 600 Miami, FL 33134		Mailing Address (Same as Principal Place of Business)	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable 3850 Bird Road Suite, Apt. #, etc. 2nd Floor City & State Coral Gables, FL Zip 33146 Country USA		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country	
		4. Date Incorporated or Qualified To Do Business in Florida 12/19/94	
		5. FEI Number 65-0539579	
		Applied For ☐ Not Applicable	
		6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	Manuel M. Mato	3850 Bird Road 2nd Floor	Coral Gables, FL 33146
CEO	E. Daniel Lopez	3850 Bird Road 2nd Floor	Coral Gables, FL 33146
VP	Mike Verdeja	3850 Bird Road 2nd Floor	Coral Gables, FL 33146
			600002349306-11/17/97-01132-025
			***750.00 ***750.00
			11/13
8. Name and Address of Current Registered Agent Hector Formoso-Murias, Esq. 1101 Brickell Avenue Penthouse Miami, FL 33131		9. Name and Address of New Registered Agent Name Ignacio G. Zulueta, Esq. Street Address (P.O. Box Number is Not Acceptable) 6255 Bird Road Suite, Apt. #, Etc. City Miami State FL Zip Code 33155	
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 Registered Agent _____ Date 11/12/97 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 11/12/97 (35) Daytime Phone # 45471	