PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 NOV 21 PM 3:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000017223

1. Corporation Name
~~3312~~ 3321 Highland Corp.

Principal Place of Business	Mailing Address
7300 W Camino Real Boca Raton, FL 33433	7300 W Camino Real Boca Raton, FL 33433

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT
DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable	3. New Mailing Address, If Applicable
2101 W Commercial Blvd	2101 W Commercial Blvd
Suite, Apt. #, etc.: Suite 4100	Suite, Apt. #, etc.: Suite 4100
City & State: Ft Lauderdale, FL	City & State: Ft Lauderdale, FL
Zip: 33309 Country: USA	Zip: 33309 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 3/2/95

5. FEI Number: 65-0702060 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PSTD	Harold L. Tomlinson	2101 W Commercial Boulevard Suite 4100	Fort Lauderdale, FL 33309
			300002014373--8 -11/26/96--01101--015
			****375.00 ****375.00

8. Name and Address of Current Registered Agent

Robert S. Forman, Esquire
2101 W Commercial Boulevard
Suite 1400
Fort Lauderdale, FL 33309

9. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable): 2101 W Commercial Boulevard
Suite, Apt. #, Etc.: Suite 4100
City: Fort Lauderdale State: FL Zip Code: 33309

CR2E040 (12/95)

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 11/18/96
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. 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 fees 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 under oath.

SIGNATURE: _____ 11/4/96 (954) 735-0000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #