DP Jacques G. Murray 4833 Collins Avenue, 17th FL Miami, Beach, FL 3314  DV Jean-Jacques Murray 4833 Collins Avenue, 17th Fl Miami Beach, FL 3314  DST Jean Christoph Pillois 4833 Collins Avenue, 17th Fl Miami Beach, FL 3314  AS Emanuel Sebaq 4833 Collins Avenue, 17th Fl Miami Beach, FL 3314  AS Emanuel Sebaq 4833 Collins Avenue, 17th Fl Miami Beach, FL 3314  Beach, FL 3314  AS Emanuel Sebaq 59 High Miami Beach, FL 3314  Beach,	3.	PLEASE REA	D ALL INS	TRUCTIONS	BEFO	RE CON	//PLET	ING	THIS F	ORM.		1017		
REINSTATEMENT  Secretary of State  DIVISION OF CORPORATIONS  00 JUN 30 PM 3: 35  SERETARY OF STATE  SERETARY OF STATE  SERETARY OF STATE  P95000028176  Florida Boat Slip Corporation A433 Collins Avenue 17th Floor Miami Beach, Florida 33140  **EINSTATEMENT  Secretary of State  P95000028176  Florida Boat Slip Corporation A433 Collins Avenue 17th Floor Miami Beach, Florida 33140  **EINSTATEMENT  Secretary of State  A433 Collins Avenue 17th Floor Miami Beach, Florida 33140  **EINSTATEMENT  Secretary of State  A433 Collins Avenue 17th Floor  A433 Collins Avenue 17th Floor  Secretary of State  A433 Collins Avenue 17th Fl Miami Beach, FL 3314  AS Emanuel Sebag  4833 Collins Avenue 17th Fl Miami Beach, FL 3314  AS Emanuel Sebag  4833 Collins Avenue 17th Fl Miami Beach, FL 3314  AS Emanuel Sebag  4833 Collins Avenue 17th Fl Miami Beach, FL 3314  AS Emanuel Sebag  4833 Collins Avenue 17th Fl Miami Beach, FL 3314  AS Emanuel Sebag  4833 Collins Avenue 17th Fl Miami Beach, FL 3314  AS Emanuel Sebag  4833 Collins Avenue 17th Fl Miami Beach, FL 3314  AS Emanuel Sebag  4833 Collins Avenue 17th Fl Miami Beach, FL 3314  AS Emanuel Sebag  4833 Collins Avenue 17th Fl Miami Beach, FL 3314  AS Emanuel Sebag  4833 Collins Avenue 17th Fl Miami Beach, FL 3314  AS Emanuel Sebag  5866 Address (De NOT Lear of De Rev Writer)  1201 Hays Street  1201 Hays Stre	APPLI	CATION	FLORI			STATE	-		O NOT WRITE	IN THIS SPAC	E .	0		
Name and Maling Address of Corporation   DOCUMENT #		-						FILED	)					
SECRETARY OF STATE  Name and Making Address of Cooperation POSO00028176 Florida Boat Slip Corporation 4833 Collins Avenue 17th Floor Miami Beach, Florida 33140  **EINSTATEMENT**  **Construction**  **EINSTATEMENT**  **EINSTATEMEN	REINSTATEMENT						00 JUN 30 PM 3: 35							
P9500028176  Florida Boat Slip Corporation 4833 Collins Avenue 17th Floor Miami Beach, Florida 33140  **EINSTATEMENT**  City and State 17th Floor Miami Beach, Florida 33140  **EINSTATEMENT**  City and State 17th Floor Miami Beach, Florida 33140  **EINSTATEMENT**  City and State 17th Floor Miami Beach, Florida 33140  **EINSTATEMENT**  City and State 17th Floor Miami Beach, Florida 33140  **EINSTATEMENT**  City and State 17th Floor Miami Beach, Florida 33140  **EINSTATEMENT**  City and State 17th Florida Miami Beach, Florida 33140  **EINSTATEMENT**  City and State 17th Florida Miami Beach, Florida 33140  **EINSTATEMENT**  City and State 17th Florida Miami Beach, Florida Miami Miami Beach, Florida Miami Miami Beach, Florida Miami Miami Beach, Florida Miami M									SECRE	TARY OF	STATE	· •		
### Again Collins Ave. Suite 1714    Sign and State   File   File   State   File   File   State   File   Fil	Name and Ma	ailing Address of Corporation:	OCUMEN	Τ#		2.	f Address address bel	in Bloc ow:						
Corporation Information Services  Remanuel Sebag  Assarces and Actores of Current Registered Agent  Tallahassee, Florida 32301  It this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box   date of the services and corporation pay any intangiple tax to the Dept of Revenue under S. 199.032, Florida Statutes.   Services and corporation pay any intangiple tax to the Dept of Revenue under S. 199.032, Florida Statutes.   Services and corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box   date of the service and corporation pay any intangiple tax to the Dept of Revenue under S. 199.032, Florida Statutes.   Services and corporation pay any intengible tax to the Dept of Revenue under S. 199.032, Florida Statutes.   Services are provided in the service of the services of the service of the services of the serv	P95000028176							· ·						
### Address Debut. Address of address below. Address of add														
### Miami Beach, Florida 33140    **REINSTATEMENT**								3. If Principle Office Address is different from mailing address, enter						
The incorporation of Qualified To Per Number    The incorporation of Qualified	Miam	i Beach, Florid	la 33140			a	address bel	ow:						
Second Street Address of Current Registered Agent   Second Street Address (Do NOT Use PC) Box Number)   Second Street Address (Do NOT Use PC) Box Number)   Second Street Address (Do NOT Use PC) Box Number)   Second Street Address (Do NOT Use PC) Box Number)   Second Street Address (Do NOT Use PC) Box Number)   Second Street Address (Do NOT Use PC) Box Number)   Second Street Address (Do NOT Use PC) Box Number)   Second Street Address (Do NOT Use PC) Box Number)   Second Street Address (Do NOT Use PC) Box Number)   Second Street Address (Do NOT Use PC) Box Number)   Second Street Address (Do NOT Use PC) Box Number)   Second Street Address (Do NOT Use PC) Box Number)   Second Street Address (Do NOT Use PC) Box Number)   Second Street Address (Do NOT Use PC) Box Number)   Second Street Address (Do NOT Use PC) Box Number)   Second Street Address (Do NOT Use PC) Box Number)   Second Street Box Number)   Second Stree	<b>-</b>	MSTATEME	NT	07-1	10						Zip Co	de		
Carporation   Certificate	Date Incorpor	ated or Qualified		ber		EE! Numb	or Applied		6. \$	8.75 Additi	onal Fee r	equired		
Names and Street Addresses of Each Officer anotor Director (Florida nonprofit corporations must list at least 3 directors)  Title(s)  2				63878	-		<del></del> -			for a Certifi	cate of Sta	atus		
Title(s) 2 3 Collins Avenue, 17th    DP Jacques G. Murray	/. Names and S		nd/or Director (Flo	1		··	rectors)							
Jean Christoph Pillois 4833 Collins Avenue, 17th Fl Miami Beach, FL 3314  AS Emanuel Sebag 4833 Collins Avenue, 17th Fl Miami Beach, FL 3314  AS Emanuel Sebag 4833 Collins Avenue, 17th Fl Miami Beach, FL 3314  Beach, FL 33	Title(s) 2			Of	ficer and/or	Director	rs)	4		City / State /	Zip	n nibr		
Jean Christoph Pillois 4833 Collins Avenue, 17th F1 Miami Beach; FL 3314  AS Emanuel Sebag 4833 Collins Avenue, 17th F1 Miami Beach, FL 3314  Spood 3310 339 - 2  We charged, new registered agent / office  8. Name and Address of Current Registered Agent  Corporation Service Company  Street Address (Do NOT Use P.O. Box Number)  1201 Hays Street  Tallahassee, Florida 32301  City Tallahassee, FL 33301  I. being appointed the registered agent of the above named corporation, and familiar with and accept the obligations of Section 607.0505, F.S.  Laura R. Dunlap  as its agent  Date 6/30/000  CSee other side for additional information, and the corporation as provided for information on the interpolation of the registered agent of the above named corporation and the registered agent of the above named corporation and the interpolation of the registered agent of the above named corporation and the interpolation of the corporation of the corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box (See other side for additional information)  2. 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)  Learly, that I am an officer or processor of the receiver	DP Ja	cques G. Murray	<i>!</i>	4833 Coll	lins I	venue,	17thE	'L	Miami	, Beach	, FL	3314		
AS Emanuel Sebag 4833 Collins Avenue, 17th Fl Miami Beach, FL 3314    Social Address of Current Registered Agent   Street Address (Do NOT Use P.O. Box Number)	DV Je	an-Jacques Mur	4833 Cóll	lins A	Avenue,	17th	Fl	Miami	Beach	, FL	3314			
9. Il changed, new registered agent / office  8. Name and Address of Current Registered Agent  Corporation Information Services 1201 Hays Street Tallahassee, Florida 32301  I. being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.  Laura R. Dunlap  38. its agent  City Tallahassee,  FL, 32301  1. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box   (See other side for additional information)  2. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No   No   (See other side for intrangible tax)  (See other side for intrangible tax into the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No   (See other side for intrangible tax)  (Se	DST Je	an Christoph P	illois	4833 Coll	lins A	lvenue,	17th	F1	Miami	Beach	, FL	3314		
8. Name and Address of Current Registered Agent  Corporation Service Company  Street Address (Do NOT Use P.O. Box Number)  1201 Hays Street  Tallahassee, Florida 32301  City  Tallahassee, Florida 32301  City  Tallahassee, FL. 32301  Laura R. Dunlap  as its agent  Date  1. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box  Geo other side for internation on intrangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes.  1. Identify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for id-chapter 607 or 617, F.S. I further certify that when filling this reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 ir. 53, and that all leases over 04 who corporation have been paid. The information mention on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.  Date (27/00)  Day lime Phone (305) 672.6607  Date (27/00)  Day lime Phone (305) 672.6607	AS Em	as Emanuel Sebag			4833 Collins Avenue, 17th Fl Miami Beach,						, FL	3314		
8. Name and Address of Current Registered Agent  Corporation Service Company  Street Address (Do NOT Use P.O. Box Number)  1201 Hays Street  Tallahassee, Florida 32301  City  Tallahassee, Florida 32301  City  Tallahassee, FL. 32301  Laura R. Dunlap  as its agent  Date  1. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box  Geo other side for internation on intrangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes.  1. Identify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for id-chapter 607 or 617, F.S. I further certify that when filling this reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 ir. 53, and that all leases over 04 who corporation have been paid. The information mention on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.  Date (27/00)  Day lime Phone (305) 672.6607  Date (27/00)  Day lime Phone (305) 672.6607			· 								· <del></del> ··· · · · · · · · · · · · · · · · ·			
8. Name and Address of Current Registered Agent  Corporation Service Company  Street Address (Do NOT Use P.O. Box Number)  1201 Hays Street  Tallahassee, Florida 32301  I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.  Laura R. Dunlap  as its agent  Date  1. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box  Cise other side for additional information.  2. 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.)  1. Certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for integration that reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., 1 unter certify that when filling tess owed by the corporation have been paid. The information indicated on this application is row and accurate, and my signature shall have the same legal effect as if made under oath.  Date    Date   Daytime Phone							9	oc	0003	3103	339	2		
8. Name and Address of Current Registered Agent  Corporation Service Company  Street Address (Do NOT Use P.O. Box Number)  1201 Hays Street  Street Address (Do NOT Use P.O. Box Number)  1201 Hays Street  Street Address (Do NOT Use P.O. Box Number)  City  Tallahassee, Florida 32301  I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.  Laura R. Dunlap  as its agent  Date  Agent Agent Agent Agent Agent Agent MUST SIGN  1. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box  (See other side for additional information.)  2. 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.)  1. Icertify 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., 1 further certify that When filling 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.  Date (27/200 Daytime Phone it 3.05) (672.6607)	LARGERATION OF T		NEOFIM <b>A</b> TION				If changed,	new re	gistered age	nt / office	-	:		
Tallahassee, Florida 32301  I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.  Laura R. Dunlap  as its agent  Date    Good   Go		it	Corporation Service Company											
Tallahassee, Florida 32301  I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.  Laura R. Dunlap  as its agent  Date    Good   Go					I	•			mber)			C E 2 E 2 A 0 (6 A 0 )		
Tallahassee, Florida 32301  I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.  Laura R. Dunlap  as its agent  Date    Composition   Co			aet Address (Do NOT Use P.O. Box Number)											
I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.  Laura R. Dunlap  as its agent  Date    Good   Go		-	ia 32301	ì										
Laura R. Dunlap as its agent  1. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box [ See other side for additional information.)  2. 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.)  3. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for inchapter 607 or 617, F.S. I further certify that when filling 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.  Senature of Date (127/00) Daytime Phone (305)672.6607	I, being appoi	nted the registered agent of the a	pove named corpo	oration, am fa <u>m</u> iliar wit	ı th and accep		-	n 607.0	0505, F.S.	FL. <u></u> 3	2301			
2. 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.)  1. certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for irt chapter 607 or 617, F.S. I further certify that when filling 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.    Date 6/27/00   Daytime Phone # (305)672-6607	ignature of	Laura P. Dun	REGISTERED AG				<del></del>	Date	, <u>6/3</u> 0	100	. 4	8		
2. 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.)  1 certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for intichapter 607 or 617, F.S. I further certify that when filling 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.  Date 6/27/00 Daytime Phone (305)672:6607	1. If this o	corporation is a non-	profit with I	.R.S. 501(c)(	3) tax e	exempt st	tatus, c	hecl	this bo	X ad				
I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for irt chapter 607 or 617, F.S. I further certify that when filling 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.    Instance of 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.    Date   (127)   Daytime Phone   (305)	2. Does t	his corporation pay	any intang	ible tax to th	 e	·				other side for	information			
Date 6/27/00 Daytime Phone # (305)672.6607	I certify that I this reinstaten fees owed by	am an officer or director or the re	ceiver or trustee e	mpowered to execute	this applica	ition as provide	ed for irt cha	apter 60	stion 607 040	S. I further ce	rtify that w	d that all		
Date 6/21/00 Daytime Phone # 305 )672 · 6607	under dam.				1	1			/	`				
	micer or Director		T. T.	Da	ate 6/2	1/00	Dayti	me Pho	one #(30	5 )672	-66	07		





## DOMESTIC FILINGS

NAME: FLORIDA BOAT SLIP CORPORATION

<u>XX</u>	REINSTATEMENT
PLEASE	RETURN THE FOLLOWING AS PROOF OF FILING:
<u>xx</u>	CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTAC	T PERSON: Tamara Odom  EXAMINER'S INITIALS