PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 1 of 2

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

FILED
00 JUN 30 PM 3:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Read Instructions on Other Side Before Making Entries

Typewriter Available for Department of Staff Use

1. Name and Mailing Address of Corporation: DOCUMENT #

P95000028176

Florida Boat Slip Corporation
4833 Collins Avenue
17th Floor
Miami Beach, Florida 33140

REINSTATEMENT 97-00

2. If Address in Block 1 is Incorrect or any way, enter the correct address below:

Address c/o OBR
4833 Collins Ave., Suite 1714

City and State: Miami Beach, FL Zip Code: 33140

3. If Principle Office Address is different from mailing address, enter address below:

Address

City and State Zip Code

4. Date Incorporated or Qualified To Do Business in Florida: 04/07/1995

5. FEI Number: 650663878

FEI Number Applied For ☐
FEI Number Not Applicable ☐

6. $8.75 Additional Fee required for a Certificate of Status
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)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DP	Jacques G. Murray	4833 Collins Avenue,17th	FL Miami,Beach, FL 33140
DV	Jean-Jacques Murray	4833 Collins Avenue,17th	Fl Miami Beach, FL 33140
DST	Jean Christoph Pillois	4833 Collins Avenue,17th	Fl Miami Beach, FL 33140
AS	Emanuel Sebag	4833 Collins Avenue,17th	Fl Miami Beach, FL 33140

900003310339--2

REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent

Corporation Information Services
1201 Hays Street
Tallahassee, Florida 32301

9. If changed, new registered agent / office

Name: Corporation Service Company

Street Address (Do NOT Use P.O. Box Number): 1201 Hays Street

Street Address (Do NOT Use P.O. Box Number):

City: Tallahassee, State: FL Zip: 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.

Signature of Registered Agent: Laura R. Dunlap as its agent Date: 6/30/00 LS

REGISTERED AGENT MUST SIGN

CR2E040 (9/92)

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.)

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 of Officer or Director: [signature] Date: 6/27/00 Daytime Phone #: (305) 672-6607

Typed or printed name of signing officer or director: Jean Jacques Murray, Vice President

2 of 2

THE UNITED STATES CORPORATION COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 750930 4303929

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ 1200.00

ORDER DATE : June 30, 2000

ORDER TIME : 12:10 PM

ORDER NO. : 750930-005

CUSTOMER NO: 4303929

CUSTOMER: Ms. Stephanie C. Johnson
Greenberg Traurig Hoffman
1221 Brickell Avenue

Miami, FL 33131-3238

RECEIVED
00 JUN 30 PM 2:24
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: FLORIDA BOAT SLIP CORPORATION

XX ___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Tamara Odom

EXAMINER'S INITIALS _____