PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE APPLICATION Sandra B. Mortham **FOR** FILED Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS 96 DEC 13 AM 11:55 DOCUMENT # (X 50000566606 SECRETARY OF STATE TALLAHASSEE, FLORIDA PRP & ASSOCIATES, INC. Principal Place of Business REINSTATEMENT O ncipal Miace of Business Mailing Address

6801 NW 77 TH AVE, STE 302 MIAMI, FL 33166 If above addresses are incorrect in any way, line through incorrect information and enter correction below. DO NOT WRITE IN THIS SPACE Date Incorporated or Qualified To Do Business in Florida
 7/2 //9 2. New Principal Office Address, If Applicable 3. New Mailing Address, If Applicable Suite, Apt. #, etc. Suite, Apt. #. etc. Applied For ; City & State Not Applicable City & State \$8:75 Additional Foe required Country Zip Country CERTIFICATE OF STATUS DESIRED 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) Street Address of Each Name of Officers Officer and/or Director
(Do NOT Use Post Office Box Numbers) City / State / Zip Title(s) and/or Directors 610 DESTACADA PEDRO PELAEZ G GABLES, R 53/10 200002031268 -12/18/96--01012--002 ****375.00 ****375.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) PENRO PERAEZ 610 DESTABA AVE Suite, Apt. #, Etc. C.GABLES, FR 33156 State | Zip Code City to 1, 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 REGISTERED AGENT MUST SIGN 11. Does this corporation pay any intangible tax to the (See other side for information on intangible tax.) Dept. of Revenue under S. 199.032, Florida Statutes. 12 I do heroby cortify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I re-lease the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access, jeerify that i am an officer or the receiver or trustee empowered to execute this application as provided for in chapter 507 or 617, F.S. I further cortlify that when filling this reinstatement application the reason for dissolution has been eliminated, the corporation 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 eath

SIGNATURE: MONATURE AND TYPED OR PRINTED HAND OF SIGNING OFFICER OR DIRECTOR