PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR 97 REINSTATEMENT

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

FILED
97 DEC 30 AM 10:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000026707

1. Corporation Name MNYX SAWGRASS CORP.

Principal Place of Business / Mailing Address
250 AUSTRALIAN AVE. SOUTH, SUITE 400
WEST PALM BEACH, FL 33401

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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
N/A	N/A
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: MARCH 20, 1996

5. FEI Number: 65-0710882 ☐ 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)

1 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
P/D=	LARRY E. WRIGHT	250 AUSTRALIAN AVE. SOUTH SUITE #1400	WEST PALM BEACH, FL 33401
V/T/S/D	KATHLEEN L. GUTIN	250 AUSTRALIAN AVE. SOUTH SUITE #1400	WEST PALM BEACH, FL 33401
V/D=	JAMES A. COTE	250 AUSTALIAN AVE. SOUTH SUITE #1400	WEST PALM BEACH, FL 33401
V=	LOUIS VOGT	250 AUSTALIAN AVE. SOUTH SUITE #400	WEST PALM BEACH, FL 33401
V=	BARRY S. ALTSHULER	250 AUSTRALIAN AVE. SOUTH SUITE #1400	WEST PALM BEACH FL 33401

000002592970--3
-01/07/98--01043--023
****750.00 ****750.00

8. Name and Address of Current Registered Agent

REINSTATEMENT 97
SL 1-5-98

9. Name and Address of New Registered Agent

Name: SHARON PATRIE
Street Address (P.O. Box Number is Not Acceptable): 250 AUSTRALIAN AVE. SOUTH
Suite, Apt. #, Etc.: 400
City: WEST PALM BEACH State: FL Zip Code: 33401

CR2E040 (12/96)

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: Sharon V. Patrie
SHARON PATRIE REGISTERED AGENT MUST SIGN
Date: 11-24-97

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: Kathleen L. Gutin Vice President & Sec 11/24/97 (561) 820-1300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
KATHLEEN L. GUTIN V/T/S/D