APPROVED AND FILED

98 MAY 15 PM 2:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT 97-98

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

DOCUMENT # P96000102464

1. Corporation Name
OHIO KEY II, INC.

Principal Place of Business	Mailing Address
3191 CORAL WAY SUITE 115-A MIAMI, FL 33145 US	3191 CORAL WAY SUITE 115-A MIAMI, FL 33145 US

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

500002530425--9
-05/20/98--01093--006
****900.00 ****900.00

2. New Principal Office Address, If Applicable	3. New Mailing Address, If Applicable
38801 OVERSEAS HIGHWAY	38801 OVERSEAS HIGHWAY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State BIG PINE KEY, FL	City & State BIG PINE KEY, FL
Zip 33043 County US	Zip 33043 County US

4. Date Incorporated or Qualified To Do Business in Florida: DECEMBER 19, 1996

5. FEI Number: 65-0721963 — 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 P.O. Box Numbers) 3	City / State / Zip 4
CP	C. JOHN KNORR, JR.	38801 OVERSEAS HIGHWAY	BIG PINE KEY, FL 33043

REINSTATEMENT 97-98

C. Knorr 5/15/98

8. Name and Address of Current Registered Agent

SOUTH FLORIDA REGISTERED AGENTS
200 E LAS OLAS BOULEVARD
SUITE 1900
FORT LAUDERDALE, FL 33301

9. Name and Address of New Registered Agent

Name: TIMOTHY M. BENJAMIN
Street Address (P.O. Box Number is Not Acceptable): 12520 SW 195 TERRACE
Suite, Apt. #, Etc.:
City: MIAMI State: FL Zip Code: 33177

10. I hereby 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: [signature] Date: 05/07/98
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 certify that I am an officer or director of the member 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 and knowledge have legal effect and liabilities under oath.

SIGNATURE: C. JOHN KNORR 05/07/98 305-872-2317
Signature and Typed or Printed Name of Officer or Director Date Daytime Phone #