PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 MAY 16 PM 1:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #P97000015315

1. Corporation Name

POSTRIO DEVELOPMENT CORPORATION

REINSTATEMENT 9801

2. Principal Office Address		**3.** Mailing Office Address	
1499 W. Palmetto Park Road		1499 W. Palmetto Park Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 200		Suite 200	
City & State		City & State	
Boca Raton FL		Boca Raton, FL	
Zip	Country	Zip	Country
33486	U.S.A.	33486	U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida: 2/17/97

5. FEI Number: 65-0729204 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Daniel Kódsi

Street Address (P.O. Box Number is Not Acceptable): 1499 West Palmetto Park Road

Suite, Apt. #, Etc.: Suite 200

City: Boca Raton | State: FL | Zip Code: 33486

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8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent _____ REGISTERED AGENT MUST SIGN Date 5/4/2001

CR2E061 (9/00)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D/P/V/S/T	Daniel Kodsi	1499 W. Palmetto Park Rd.	Boca Raton, FL 33486

10. 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: Daniel Kodsi D/P/V/S/T 5/4/01 (561) 347-6844

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #