

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAR 28 PM 1:14

DOCUMENT # P97000031795

1. Corporation Name

Sebring Square Inc.

2. Principal Office Address

PO Box 2707

Suite, Apt. #, etc.

City & State

Palm Beach, FL

Zip

33480

Country

USA

3. Mailing Office Address

255 S. County Rd.

Suite, Apt. #, etc.

Suite 201

City & State

Palm Beach, FL

Zip

33480

Country

USA

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-04/11/02--01066--003

****300.00 ****300.00

4. Date Incorporated or Qualified
To Do Business in Florida

April 1997

5. FEI Number

11-34-54802

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

Fleming, Haile, & Shaw, P.A.

Street Address (P.O. Box Number is Not Acceptable)

11780 US Highway 1

Suite, Apt. #, Etc.

Suite 300

City

Palm Beach Gardens

State

FL

Zip Code

33408

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

[Signature] J. S. Grace

Date 3/25/02

REGISTERED AGENT MUST SIGN

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
Pres	John Grace	55 Brookville Road	Glen Head, NY 11545
V-Pres	John Grace	55 Brookville Road	Glen Head, NY 11545
Sec.	John Grace	55 Brookville Road	Glen Head, NY 11545

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:

[Signature] John S. Grace

John S. Grace

3/22/02

561-659-7900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)