NOV-29-1999 17:52 EMPIRE CORP 305 541 3770 P.02/02

FILED
99 NOV 30 AM 9:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT

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

DOCUMENT # P97000045091

1. Corporation Name
M.K. GABLES TWO, INC.

Principal Place of Business / Mailing Address
10 Edgewater Dr.
Coral Gables, Florida 33133

REINSTATEMENT 98-99

If above address is incorrect in any way, box through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable
Suite, Apt. #, etc.
City & State
Zip / County

3. New Mailing Office Address, if Applicable
Suite, Apt. #, etc.
City & State
Zip / County

4. Date Incorporated or Qualified to Be Doing Business in Florida: 05/21/1997

5. FEI Number: 65-0759266

Applied For / (Not Applicable)

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Street Address of Each Officer and/or Director (Florida registered corporations must list at least 1 director)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	MARC KOVANS	10 Edgewater Drive	Coral Gables, Fl 33133

8. Name and Address of Current Registered Agent

DAVID SHEAR
200 S. Biscayne Blvd Suite 2100
Miami, Florida 33131

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is NOT Acceptable)
Suite, Apt. #, Etc.
City / State: FL / Zip Code

10. I hereby accept the registered agent of the above named corporation, and familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent _____ REGISTERED AGENT MUST SIGN Date _____

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. I certify that I am an officer or director of the corporation 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: X _____ 11/18/99 AD
SIGNATURE AND TYPED OR PRINTED NAME OF INCORPORATOR OR DIRECTOR — Date — Corporate Status

H99000030287

TOTAL P.02