ASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State 98 NOV 19 AHII: 23 DIVISION OF CORPORATIONS P97000046471 SECRETARY OF STATE TALLAHASSEE, FLORIDA 1. Corporation Name FLORIDA PROFESSIONAL PROPERTY MANAGEMENT, INC. Principal Place of Business Mailing Address 2740 E. OAKLAND PARK BLVD., STE. 300 2740-E.-OAKLAND-PARK-BLVD..-STE.-900---FT. LAUDERDALE FL 33306 FT. LAUDERDALE FL 33306 If above addresses are incorrect in any way, line through incorrect information and enter correction below. 3. New Mailing Office Address, If Applicable Date Incorporated or Qualified To Do Business in Florida 2. New Principal Office Address, If Applicable 05/27/1997 Suite, Apt. #, etc 5. FEI Number Applied For 65-0769274 CERTIFICATE OF STATUS DESIRED 33306 for a Certificate of Sta 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) Name of Officers City / State / Zip Title(s) D 2740 E. OAKLAND PARK BLVD., STE. FT. LAUDERDALE FL 33306 DAVID. STEVEN J 500002701705· -12/03/98--01061--014 ****150.00 ****150.00 _ 9. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent EVEN JOHNSON, ERIC R STEVEN J. DAVID Street Address (P.O. Box Number is Not Acceptable 2740 E. OAKLAND PARK BLVD., STE. 300 FT. LAUDERDALE FL 33306 Zip Code 33306 ve named corporation, am-familiar with and accept the obligations of Section 607.0505, F.S. 10. I, being appointed the registered agent of the about Signature of Registered Agent This corporation owes or has paid the current year (See other Yes ₩ Intangible Personal Property tax due June 30.

12. I certify that I am an officer or director or the receiver of 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 frames 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.

SIGNING OFFICER OR DIRECTO

SIGNATURE:





2705 EAST OAKLAND PARK BOULEVARD FORT LAUDERDALE, FLORIDA 33306 954-567-9111 • FAX 954-567-9131

"Fort Lauderdale's #1 Independent Property Management Company"

November 17, 1998

Department of State Divisions of Corporations PO Box 6327 Tallahassee, FL 32314

Gentlemen:

Per my conversation with your office, please find enclosed a check in the amount of \$150 along with an application for reinstatement. As discussed, this office never received annual report. A change in officers has been recorded; however, the mailing address was not changed.

It is my understanding because of these changes, the \$150 will reinstate this coporation in lieu of reinstatement fee of \$600.

Thanks very much for your help.

Sincerely,

Steven J. David CRB, CRS, GRI, MBA

Florida Professional Property Management, Inc.