PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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.,	RPORATION STATEMENT		Kathe Searet	ARTMENT OF STATE Prine Harris tary of State of Corporations		FIL 00 JAN 12			
DOCL	JMENT # 14	DOMERS	5105307			SECRETARY OF STATE			
						TALLAHASSEE, FLORIDA			
4	ation Name SE Florid	a Propertu	es, Inc.						
	218 Ka	yal Palm cach. FL	· Way						
	Palm Be	ach. FL	33480		15	0000311 10201	19331 301065	1	
2. Principal	al Office Address		3. Mailing Office Add	drace	-	****900.		-00.00 900.00	
	8 Royal	Palminay		~ ·		TATEME	MT	2000	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			IFA B CUVBE	900	464	
						4. Date Incorporated or Qualified 12/15/97			
City & State		<u> </u>	City & State	. Ci	5. FEI Numbe		·····	Applied For	
Pulm Beach, FL			Palm Beach, FL			65 - 0806620 Not Applicable			
^{Zip} 33 ⁹	480 Country	us A	33480	Country	6.	E OF STATUS DESIRED	\$8.75 Addition	nal Fee required	
		,		nd Address of Current Registe	ered Agent	· · · · · · · · · · · · · · · · · · ·			
	Name	4 1 .	City		<u></u>			1	
ž.		Marc Hais						_	
` ;)rive					
Ļ,	Suite, Apt. #, Etc.	V	We was a second					7	
	City	· · · ·				State Zip Code		-{	
	V	Vest Pal	In Beach			FL 331	409		
8. I, being a	appointed the register	red agent of the abov	ve named corporation, а	am familiar with and accept the	obligations of section	on 607.0505 or 617.050	03, F.S.		
Signature of Registered A		1110	411			Date _ I	1/2000		
negiolo.c.	rgeni	RE	GISTERED AGENT MU		Date	1			
9. Names	and Street Addresses	s of Each Officer and/	/or Director (Florida non	nprofit corporations must list at I	teast 3 directors)				
Titles	Office	Name of ers and/or Directors		Street Address of Eac Officer and/or Directo	Cir	ity / State / Zip			
						~			
D	Kandy +	taisfield	21	218 Royal Palm Way		Palm Beach	1, FL 3?	3480	
D	Tamara	Haisfield	215	218 Royal Palm Way		Palm Beac	2h, FL 3	3480	
D	Lisa t	taisfield	269	7 Tecumsah	Drive	West Palm B	each, R.	33409	
D	Marc +	taisfield	269	7 Tecumsah 8	Drive	west Palm I	Beach, Fi	_33409	
_			}		!		•		
							LS) 1	
				ed to execute this application as					
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.									
SIGNAT	· - · ·	mlll	MAYCH INTED NAME OF SIGNING		1 2500 S	521-655-2	1P29		
	DIGNA) Uni	E AND ITPED OR FRIE	ALED NAME OF SIGNING	OFFICER OR DIRECTOR		Dater	Daytime Phone #	<i>*</i>	