PG 1 OF 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

P99000 UBR

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 APR 7 AM 8:53

DOCUMENT # P98000000322

1. Corporation Name
Tyton Investment Properties, Incorporated

2. Principal Office Address	3. Mailing Office Address
1404 Edgewater Dr.	(same)
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando, FL	City & State
Zip: 32804 Country: Orange	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 1-2-1998

5. FEI Number: 59-3487076 ☐ 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: William A. Greenberg

Street Address (P.O. Box Number is Not Acceptable): 6500 S. HIGHWAY 17-92 FERN PARK, FL. 32730

Suite, Apt. #, Etc.:

City: FERN PARK, FLA | State: FL | Zip Code: 32730

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: William A Greenberg — Date: 3/13/00
REGISTERED AGENT MUST SIGN

CR2E081 (9/99)

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. Dir.	Robert David Rausch	1404 Edgewater Dr.	Orl. FL. 32804
Dir. V.P.	Christine M. Rausch	(same)	
Sec. Treas.			
			800003208138--4 -04/13/00--01118--023 ****150.00 ****150.00
			AD

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: Christine M. Rausch, Christine M. Rausch — March. 13. 2000 — (407) 925-3472
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

(P.S. my Husband spoke to you on the phone today + you asked to address this to you attn.)

PG 2 of 2

3/30/00

740 - 8555

Dear Mr. Dunlap.

Our 1999 Corp. Report was mailed to the wrong address. We corrected the address with the state but they sent our report back to us saying we needed to pay more money. They kept our $150.00 ~~repo~~ check but failed to correspond to our new corrected address and we now ask if you can waive the fees we are being charged.

Sorry about the scribble - I've got to cook dinner & I just shut off my computer + I'm stressed —

Chris Reusch

D/B/A Oak Haven Villas Apt.

Tyton Investment Prop. Inc.

3.30.2000 1404 Edgewater Dr. Orl. FL. 32804

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V07282

1. Entity Name

NANCY S. GREENBARG, D.M.D., P.A.

APPROVED AND FILED

00 APR -7 AM 8:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
SE 7TH ST FL 33004	337 SE 7TH ST DANIA FL 33004-4[illegible] US

2. Principal Place of Business — Suite, Apt. #, etc. — City & State — Zip — Country

3. Mailing Address — Suite, Apt. #, etc. — City & State — Zip — Country

4. FEI Number 65-0305961 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GREENBARG NANCY S 337 SE 7TH ST DANIA FL 33004	Name Street Address (P.O. Box Number Is Not Acceptable) City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE ______ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PDS ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	GREENBARG, NANCY S.	NAME	
STREET ADDRESS	337 SE 7TH ST	STREET ADDRESS	
CITY-ST-ZIP	DANIA FL 33004	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	800003208108
STREET ADDRESS		STREET ADDRESS	-04/13/00--01120--005
CITY-ST-ZIP		CITY-ST-ZIP	****150.00 ****150.00
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes; I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 4/7/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #