PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED

APPLICATION FOR REINSTATEMENT

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

01 NOV 13 PM 9:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000036018

1. Corporation Name

MIAMI ONE CENTRE, INC.

Principal Place of Business / Mailing Address

~~5000 Blue Lake Drive, #100~~
Boca Raton, FL 33431

REINSTATEMENT 2001

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
5000 T-Rex Avenue	5000 T-Rex Avenue
Suite, Apt. #, etc. Suite 150	Suite, Apt. #, etc. Suite 150
City & State Boca Raton	City & State SAME
Zip 33431 Country	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 4/21/98

5. FEI Number 65-0843355 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

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/P	Ned L. Siegel	5000 ~~Blue Lake Dr. #100~~ T-Rex Ave #150	Boca Raton, FL 33431

100004675771--1

8. Name and Address of Current Registered Agent

FRED C. COHEN
Cohen, Norris, Scherer, et al
712 U.S. Highway One, Suite 400
North Palm Beach, FL 33408

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, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent _____ Date 11/08/01
REGISTERED AGENT MUST SIGN

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 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: _____ Ned L. Siegel 11/8/01 561/998-9200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ACCOUNT NO. : 072100000032

REFERENCE : 362322 10463A

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ 758.75

ORDER DATE : November 7, 2001

ORDER TIME : 11:52 AM

ORDER NO. : 362322-025

CUSTOMER NO: 10463A

CUSTOMER: Ms. Larissa K. Lincoln
Cohen Norris Scherer
Suite 400
712 U.s. Highway 1
North Palm Bch, FL 33408-7146

RECEIVED
01 NOV 13 AM 8:43
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: MIAMI ONE CENTRE, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea X1114

EXAMINER'S INITIALS _____