Jun-29-2000 14:32 From-CENTRES INC T-083 P.002/003 F-931

PLEASE READ BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUN 22 PM 3:47

99-00

CORPORATION REINSTATEMENT

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

REINSTATEMENT

DOCUMENT # P98000056726

1. Corporation Name

Oakland Park C/T, Inc.

2. Principal Office Address		3. Mailing Office Address:	
9130 S. Dadeland Blvd.		9130 S. Dadeland Blvd.	
Suite, Apt #, etc Suite 1528		Suite, Apt #, etc Suite 1528	
City & State Miami, Florida		City & State Miami, Florida	
Zip 33156	Country USA	Zip 33156	Country USA

4. Date Incorporated or Qualified To Do Business in Florida: 6/24/98

5. FEI Number: 39-1935313 — 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: Arnold D. Shevin

Street Address (P.O. Box Number is Not Acceptable): 9130 S. Dadeland Blvd.

Suite, Apt #, Etc: Suite 1528

City: Miami — State: FL — Zip Code: 33156

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0502, F.S.

Signature of Registered Agent: [signature] REGISTERED AGENT MUST SIGN — Date: 6/28/00

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
P	Karl, Kenneth B.	9130 S. Dadeland Blvd. Suite 1528	Miami, FL 33156
SVP/S	Shevin, Arnold D.	9130 S. Dadeland Blvd. Suite 1528	Miami, FL 33156
SVP/ T/AS	Charlton, David K.	9130 S. Dadeland Blvd. Suite 1528	Miami, FL 33156
VP	Schmid, David	9130 S. Dadeland Blvd. Suite 1528	Miami, FL 33156

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: [signature] , Sr. V.P. — 6/28/00 (Date) — (305) 670-1997 (Daytime Phone #)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Fax Audit No.: H00000034553 8

Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H00000034553 8)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)922-4004

From:
Account Name : CENTRES, INC.
Account Number : I19990000140
Phone : (305)670-1997
Fax Number : (305)670-4429

CORPORATION REINSTATEMENT

OAKLAND PARK C/T, INC.

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	$908.75