PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE . APPLICATION Katherine Harris **FOR** Secretary of State FILED SECRETARY OF STATE VISION OF CORPORATION REINSTATEMENT DIVISION OF CORPORATIONS DOCUMENT # P98000075409 1. Corporation Name 99 OCT 21 PM 2: 56 Lumar Ventures, Inc. Mailing Address Principal Place of Business REINSTATEMEN 4700 Riverside Dr. #100 c/o Gunster, Yoakley, Valdes-Fauli & Stewart Palm Beach Garden, FL 777 South Flagler Drive West Palm Beach, FL 33401

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

New Principal Office Address, If Applicable

3 New Mailing Office Address Suite 500 East Date Incorporated or Qualified To Do Business in Florida 2. New Principal Office Address, If Applicable 8/28/98 Suite, Apt. #. etc. Suite, Apt. #, etc. Applied For City & State City & State 65-0871219 Not Applicable Zip Country CERTIFICATE OF STATUS DESIRED 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 and/or Directors City / State / Zip Title(s) 4700 Riverside Dr. #100 Palm Beach Gardens, FL Robert B. Martin P/T/D33410 Palm Beach Gardens, FL S/D Robin K. Martin 4700 Riverside Dr. #100 33410 11/02/99--01018--016 ****758.75 9. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent Valdes-Fauli Corporate Services, Inc. Street Address (P.O. Box Number is Not Acceptable) 777 South Flagler Drive, Suite 500 E West Palm Beach, FL 33401 Suite, Apt. #, Etc. State | Zip Code City 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 REGISTERED AGENT MUST SIGN Via 11. This corporation owes the current year (See other side for information on intangible tax.) Yes 🔲 No 🖾 Intangible Personal Property Tax due June 30. 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 filling this reinstatement application, the reason for absolution 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 included in 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: TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

ROBERT B. MARTIN