PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 DEC -2 AM 9:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name
LION GROUP PROPERTIES, INC. P98000095885

P.O. BOX 3425
P,O, BOX 3425

REINSTATEMENT 02-04

2. Principal Office Address		3. Mailing Office Address	
P.O. BOX 3425		P,O, BOX 3425	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: N FT Myers , FL		City & State: N FT Myers , FL	
Zip: 33918	Country: Lee	Zip: 33918	Country: Lee

4. Date Incorporated or Qualified To Do Business in Florida: 11/09/1998

5. FEI Number: 650873126 ☐ Applied For ☑ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $8.75 Additional Fee for a Certified Copy

7. Name and Address of Current Registered Agent

Name: HAYES, GARY 2000 N. TAMIAMI TRAIL N. FT. MYERS FL 33903

Street Address (P.O. Box Number is Not Acceptable): 2000 N Tamiami Trail

Suite, Apt. #, Etc.:

City: N FT Myers | State: FL | Zip Code: 33903

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: _____ Date: 11/19/2004
REGISTERED AGENT MUST SIGN

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/T	Jason Brandt	3020 Rustic LN	N FT Myers, FL 33917
			100043127071 12/02/04--01028--017 **8.75
			100043127071 12/03/04--01028--018 **1050.00

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: _____ President — 11/19/2004 — 239-543-6284
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #