

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--------------------------------------	---	---

FILED

01 JAN 16 AM 10:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000106201

1. Corporation Name 7000/3010 PROPERTY INVESTMENTS, INC.

2. Principal Office Address
2999 N.E. 191st Street

Suite, Apt. #, etc.
900

City & State
Aventura, Florida

Zip
33180

Country
United States

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida December 22, 1998.

5. FEI Number
65-0609416

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

Adam R. Schiffman

500003568595--2

Street Address (P.O. Box Number is Not Acceptable)

2999 N.E. 191st Street

01/24/01--01005--022
***1050.00 ***1050.00

Suite, Apt. #, Etc.

900

City

Aventura

State
FL

Zip Code
33180 32301

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

REGISTERED AGENT MUST SIGN

Date 1/12/01

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/S/T	Adam R. Schiffman	2999 N.E. 191st Street #900	Aventura, Florida 33180
			500003568595--2 01/24/01--01005--021 *****8.75 *****8.75

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

ADAM R. SCHIFFMAN

1/12/01

305-682-1328

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E001 (9/99)