1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT

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

FILED
00 SEP 28 AM 10:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000055227

1. Corporation Name: SANTINI MAWARDI, INC.

2. Principal Office Address	3. Mailing Office Address
20185 N.E. 16th Place,A-1	20185 N.E. 16th Place, A-1
Suite, Apt. #, etc.: Suite A-1	Suite, Apt. #, etc.: Suite A-1
City & State: Miami, FL 33179	City & State: Miami, FL 33179
Zip: 33179 Country:	Zip: 33179 Country:

REINSTATEMENT 2000

4. Date Incorporated or Qualified To Do Business in Florida: 6/17/1999

5. FEI Number: 65-0959051 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED: ☐

7. Name and Address of Current Registered Agent

Name: Sonny Mawardi

Street Address (P.O. Box Number is Not Acceptable): 20185 N.E. 16th Place, Suite A-1

Suite, Apt. #, Etc.: Suite A-1

City: Miami State: FL Zip Code: 33179

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: X _____ Date: 9/27/00

REGISTERED AGENT MUST SIGN

CR2E091 (9/99)

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	Sonny Mawardi	20185 N.E. 16th Place, A-1	Miami, FL 33179
S	Debra Mawardi	20185 N.E. 16th Place, A-1	Miami, FL 33179

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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: X _____ Sep 21/00 305-684-6668.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Sonny Mawardi, President

202

THE UNITED STATES CORPORATION COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 846499 81763A

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ 758.75

ORDER DATE : September 28, 2000

ORDER TIME : 11:06 AM

ORDER NO. : 846499-005

CUSTOMER NO: 81763A

CUSTOMER: Keith C. Austin,jr.
Keith C. Austin, Jr., P.a.
340 Royal Palm Way, 1st Floor

Palm Beach, FL 33480

DOMESTIC FILINGS

NAME: SANTINI MAWARDI, INC.

RECEIVED
00 SEP 28 AM 11:32
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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

CONTACT PERSON: Jeanine Reynolds EXT 1133

EXAMINER'S INITIALS _____