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OF STATE

PLEASE READ ALL INSTRUCTIONS BEFORE COM

**FILED**
**Apr 26, 2002 8:00 A.M**
**Secretary of State**

**CORPORATION REINSTATEMENT**

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

DOCUMENT # P99000056886

1. Corporation Name
One Hundred EL VEDADO WAY, INC.
DOC # P99000056886

REINSTATEMENT
00-02

| 2. Principal Office Address | 3. Mailing Office Address |
|---|---|
| 220 SUNRISE Avenue | SAME |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Palm Beach, FL | City & State |
| Zip: 33480 Country: Palm Beach | Zip Country |

4. Date Incorporated or Qualified To Do Business in Florida: 6/21/99

5. FEI Number: None — Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☒

7. Name and Address of Current Registered Agent

Name: David R. Markin
Street Address (P.O. Box Number is Not Acceptable): 220 SUNRISE AVENUE
Suite, Apt. #, Etc.
Palm Beach, FL 33480 — State: FL — Zip Code

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: David R Markin — Date: 4/24/02
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 |
|---|---|---|---|
| 5 | DAVID R. MARKIN | 220 SUNRISE AVENUE | Palm Beach, FL 33480 |
| 1 | David R. MARKIN | 220 SUNRISE AVENUE | Palm Beach, FL 33480 |
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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. This information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: David R Markin — 4/24/02 — 561-659-5190
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

# Florida Department of State

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

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Division of Corporations
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Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-1000
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# CORPORATION REINSTATEMENT

## ONE HUNDRED EL VEDADO WAY, INC.

| | |
|---|---|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | $1,050.00 |