PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
01 MAR -5 AM 10:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P990000 77398

1. Corporation Name
THE 400 BUILDING, INC.

REINSTATEMENT 00-01

2. Principal Office Address	3. Mailing Office Address
20281 E. COUNTRY CLUB DR.	20281 E. COUNTRY CLUB DR
Suite, Apt. #, etc.: 1401	Suite, Apt. #, etc.: 1401
City & State: AVENTURA, FL	City & State: AVENTURA, FL
Zip: 33180 Country: USA	Zip: 33180 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 8/30/99

5. FEI Number: 65-1034514 ☐ 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

700003851257--3
-03/13401--01105--019
****900.00 ****900.00

Name: JEROME GOLDMAN

Street Address (P.O. Box Number is Not Acceptable): 1001 N FEDERAL HWY

Suite, Apt. #, Etc.: SUITE 206

City: HALLANDALE State: FL Zip Code: 33009

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: Goldman Date: 3/2/01
REGISTERED AGENT MUST SIGN

CR2E031 (6/99)

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	MARTIN BLOOM	20281 E COUNTRY CLUB DR	AVENTURA, FL 33180
			LS

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: Martin Bloom Date: 3/2/01 Daytime Phone #: 954-457-5500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MARTIN BLOOM