DEC-11-00 01:43PM FROM-AKERMAN SENTERFITT 305-374-5095 T-032 P.02/02 F-599

APPLICATION FOR REINSTATEMENT

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

FAX AUDIT NO.: H00000064190

FILED
00 DEC -11 PM 3:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000078323

1. Corporation Name

COCONUT GROVE CHARTERS, INC.

Principal Place of Business	Mailing Address
1931 BAYSHORE DRIVE COCONUT GROVE FL 33133	1931 BAYSHORE DRIVE COCONUT GROVE FL 33133

REINSTATEMENT 00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable	3. New Mailing Office Address, if Applicable
6466 SW 84 Street	6466 SW 84 Street
Suite, Apt #, etc	Suite, Apt #, etc
City & State: Miami, FL	City & State: Miami, FL
Zip: 33143 Country: USA	Zip: 33143 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 09/01/1999

5. FEI Number: 65-0946132 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D/P/T/S	HOLLY, WILLIAM H	1931 BAYSHORE DRIVE	COCONUT GROVE FL 33133

8. Name and Address of Current Registered Agent

VALDES-FAULI CORPORATE SERVICES INC
2 SOUTH BISCAYNE BLVD STE 3400
MIAMI FL 33131

9. Name and Address of New Registered Agent

Name: AMERICAN INFORMATION SERVICES, INC.
Street Address (P.O. Box Number is Not Acceptable): One S.E. Third Avenue
Suite, Apt. #, Etc: 28th Floor
City: Miami State: FL Zip Code: 33131

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: AMERICAN INFORMATION SERVICES, INC. By: [signature] REGISTERED AGENT MUST SIGN Date: 12/08/00

Astrid Burtari, Assistant Secretary

11. 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.

AD

SIGNATURE: [signature] 12-08-00 (305) 374-5600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

WILLIAM H. HOLLY, President

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

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To:
Division of Corporations
Fax Number : (850)922-4004

From:
ASTRID BUTTARI, LEGAL ASSISTANT
Account Name : AKERMAN, SENTERFITT & EIDSON, P.A.
Account Number : 075471001363
Phone : (305)374-5600
Fax Number : (305)374-5095

CORPORATION REINSTATEMENT

COCONUT GROVE CHARTERS, INC.

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	$758.75