

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>S28467</u>			
1. Corporation Name <u>Hedge Fund Management Corporation</u>			
2. Principal Office Address <u>8401 SW 16 terrace</u>		3. Mailing Office Address <u>8401 SW 16 terrace</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>Miami Florida</u>		City & State <u>Miami Florida</u>	
Zip <u>33155</u>	Country <u>USA</u>	Zip <u>33155</u>	Country <u>USA</u>
4. Date incorporated or Qualified To Do Business in Florida <u>1/29/91</u>		5. FEI Number <u>65-0242563</u>	
6. CERTIFICATE OF STATUS DESIRED ☒		Applied For ☐ Not Applicable	
7. Name and Address of Current Registered Agent			
Name <u>William B Saeger</u>		800004588541-2	
Street Address (P.O. Box Number is Not Acceptable) <u>8401 SW 16 terrace</u>		03/14/01 01049-002	
Suite, Apt. #, Etc.		***908.75 ***908.75	
City <u>Miami</u>		State <u>FL</u> Zip Code <u>33155</u>	
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 <u>WBS Saeger</u>		Date <u>8/28/01</u>	
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
<u>PWS</u>	<u>William B Saeger</u>	<u>8401 SW 16 terrace</u>	<u>Miami Fla. 33155</u>
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)(b), 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: <u>WBS Saeger</u>		Date <u>8/28/01</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <u>William B Saeger</u>		Daytime Phone # <u>305 264 0055</u>	