APPROVED
AND
FILED

CORPORATION REINSTATEMENT

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

02 MAR 26 PM 2:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V42106

1. Corporation Name
New Florida Properties Corporation

2. Principal Office Address	**3.** Mailing Office Address	
4775 Collins Avenue	4775 Collins Avenue	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
305	305	
City & State	City & State	
Miami Beach, FL	Miami Beach, FL	

Zip	Country	Zip	Country
33140	USA	33140	USA

4. Date Incorporated or Qualified To Do Business in Florida   6/8/92

5. FEI Number	Applied For
650337692	Not Applicable

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

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7. Name and Address of Current Registered Agent

Name
Dirk Lorenzen, Esq., Caruana and Lorenzen, P.A.

Street Address (P.O. Box Number is Not Acceptable)
44 West Flagler Street

Suite, Apt. #, Etc.
1000

City	State	Zip Code
Miami	FL	33130

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 _____   Date March 19, 2002
REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

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	Mucio Athayde	4775 Collins Avenue	Miami Beach, FL 33140
		S000051699775---4	

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: _____   3/25/02   305) 673-6644
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

ACCOUNT NO.   :   072100000032

REFERENCE   :   496104 *Patricia Pajut*

AUTHORIZATION   :

COST LIMIT   : $ ~~767.50~~

758.75

ORDER DATE :   March 26, 2002

ORDER TIME :   12:58 PM

ORDER NO.   :   496104-005

CUSTOMER NO: 4144A

CUSTOMER: Rosa Maria Ancheta, Legal Asst
            Holland & Knight Llp
            Suite 3000
            701 Brickell Avenue
            Miami, FL 33131

DOMESTIC FILINGS

NAME: NEW FLORIDA PROPERTIES
           CORPORATION

XX____   REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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

CONTACT PERSON: Susie Knight   EX 1156
                          EXAMINER'S INITIALS _____

RECEIVED
02 MAR 26 PM 2:00
DIVISION OF CORPORATION

Please Rush all possible.
The client has a closing at
3.0m   Th...