PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
00 APR 21 PM 2:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V44183

1. Corporation Name

1925 Ponce Corporation

REINSTATEMENT 04-21-00

2. Principal Office Address	3. Mailing Office Address
2655 Le Jeune Road	2655 Le Jeune Road
Suite, Apt. #, etc. PH 1D	Suite, Apt. #, etc. PH 1D
City & State Coral gables, FL	City & State Coral gables, FL
Zip 33134 Country USA	Zip 33134 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 06/17/1992

5. FEI Number 65-0355645 ☐ 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

Name: Kenneth J. Carusello

Street Address (P.O. Box Number is Not Acceptable): 2655 Le Jeune Road

Suite, Apt. #, Etc.: PH1D

City: Coral Gables State: FL Zip Code: 33134

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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 X Kenneth J. Carusello
REGISTERED AGENT MUST SIGN

Date 4/20/00

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
DP	Carusello, Kenneth J.	2655 LeJeune Rd, PH1D	Coral Gables, FL 33134
DVP	Hunnefeld, Henry J.	2655 LeJeune Rd, PH1D	Coral Gables, FL 33134

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: X Kenneth J. Carusello
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/00 Date

(305) 443-8892 Daytime Phone #