PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE APPLICATION Sandra B. Mortham FOR FILED Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS 98 DEC 29 AM 10: 28 DOCUMENT # Corporation Name ITF Management Inc. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business 777 S. Flagler Drive Mailing Address 777.S.Flagler Drive 8th Floor, W.Tower 8th Floor, W. Tower West Palm Beach, FL 33401 West Palm Beach, FL 33401 If above addresses are incorrect in any way, line through incorrect information and enter correction below. 3. New Mailing Office Address, If Applicable Yes (see above) 2. New Principal Office Address, If Applicable Date Incorporated or Qualified To Do Business in Florida 07/13/92 Yes (see above) Suita, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number 65-0344625 Applied For City & State City & State \$8.75 Additional Fee require for a Certificate of Status Country Zip Country 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) Title(s) and/or Directors City / State / Zip P/S Find-Endemann Renata 777 S. Flagler Drive, 8thFl, W. Tower, W. Palm Beach, FL33401 V/P Find Helmut E. 777 S. Flagler Dr.,8th Fl, W.Tower, W.Palm Beach, FL 33401 REINSTATEMENT (90002733799--8 -01/07/99--01095--011 ***1350.00 ***1350.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Find-Endemann Renata Street Address (P.O. Box Number is Not Acceptable) 777 S. Flagler Drive, 002733799---01/07/99--01095--012 900002 -8th Floor, W.Tower Suite, Apt. #, Etc. West Palm Beach, FL 33401 ***** 10. I, being appointed the registered agent with and accept the obligations of Section 607.0505, F.S. Date December 18, 1998 REGISTERED AGENT MUST SIGN. This corporation owes or has paid the current year (See other side for information on intangible tax.) Yes 🗀 Intangible Personal Property fax due June 30. No L 12. 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 it may under oath. December 18,1998 (561) 691-1307 Renata SIGNATURE: PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #