PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 OCT 15 PM 4:10

DOCUMENT # V65854

1. Corporation Name

MANATEE DEVELOPMENT CORPORATION OF BOCA, INC.

Principal Place of Business	Mailing Address
500 NE SPANISH RIVER BLVD. ~~SUITE 328~~ BOCA RATON FL 33431 US	500 NE SPANISH RIVER BLVD. SUITE 328 BOCA RATON FL 33431 US

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

REINSTATEMENT 01

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc. SUITE 32 B	Suite, Apt. #, etc. SUITE 32-B
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 09/21/1992 SP

5. FEI Number: 65-0359684 ☐ 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	BROWN, MICHAEL L.	4520 NW 5TH AVENUE	BOCA RATON FL
VP	CERJAN-BROWN, SALLY	4520 NW 5TH AVENUE	BOCA RATON FL
			400004658614--1 -10/30/01--01021--016 ****750.00 ****750.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
BROWN, MICHAEL L. 4520 NW 5TH AVENUE BOCA RATON FL 33431	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State FL / Zip Code

CR2E040 (8/01)

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: Michael L Brown SIGNATURE REQUIRED — Date: 10-11-01

REGISTERED AGENT MUST SIGN

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.

SIGNATURE: Michael L Brown SIGNATURE REQUIRED — 10-11-01 — 561-392-0790

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #