AUG. 5. 1999 5:00PM READ ALL INSTRUCTIONS BEFORE COMPLETING THIS REINSTATEMENT APPLICATION

APPLICATION FOR REINSTATEMENT

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

V66899

IN 1050.00

98 AUG 10 AM 9:51

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-08/17/98--01030--003
***3899.55 ***1050.00

REINSTATEMENT 97-99

DOCUMENT # V66899

1. Corporation Name

SOUTH DADE INTERNATIONAL DEVELOPERS, INC.

Principal Place of Business	Mailing Address
434 Rovino Ave. Coral Gables, FL 33156	2550 S.Dixie Hgwy. Coconut Grove, Fl 33133

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

2. New Principal Office Address, if Applicable	3. New Mailing Office Address, if Applicable
Suite, Apt. #, etc.	2550 S. DIXIE HWY Suite, Apt. #, etc.
City & State	COCONUT GROVE, FL City & State
Zip / Country	33133 / US Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 09/28/92

5. FEI Number: 65-0389627 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5.00 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	ALVAREZ, LUIS A.	6800 SW 40 ST #455	MIAMI, FL
VSD	STEFAN, RAMON	6800 SW 40 ST #455	MIAMI, FL

REINSTATEMENT 1997-1999

MR

8. Name and Address of Current Registered Agent

RICHARD M. BRENNER
21 SE FIRST AVENUE
SUITE 800
MIAMI, FL 33131

9. Name and Address of New Registered Agent

Name: CARLOS J. ARBOLEYA, JR. P.A.
Street Address (P.O. Box Number is Not Acceptable): 2550 S. DIXIE HWY.
Suite, Apt. #, Etc.:
City: COCONUT GROVE State: FL Zip Code: 33133

CR2E001 (6/98)

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 _____ Date _____
REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☐ (See other side for information on intangible tax.)

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 if made under oath.

SIGNATURE: _____ 08/09/1999 305856-0076
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

LUIS A. ALVAREZ