PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION** Sandra B. Mortham , FOR/ \mathbb{C} Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS > FILED 99 DEC -6 PM 4: 07 403028 **DOCUMENT #** 1. Corporation Name Eastern Real Property, Inc. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 1001 Farnin Ste 4000 1001 Fannin Ste 4000 NOUS-1007x 7700Z 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 Date Incorporated or Qualified To Do Business in Florida SP Suite. Apt. #. etc. Suite, Apt. #, etc. 5. FEI Number Applied For City & Stare City & State \$8.75 Additional Fee require for a Certificate of Status Zip Country Zip Country CERTIFICATE OF STATUS DESIRED Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Nu Title(s) ****758. 8. Name and Address of Current Registered Agent 1001 tannin 9. Name and Address of New Registered Agent named corporation, am Jamiliar with and accept the ob 10. I, being appointed the registered agent of the above 607.0505, F.S Signature of Registered Agent BUN SPECIAL ASSISTANT SECRETARY Date 12/4179 11. This corporation owes or has paid the current year (See other side for information on intangible tax.) No 🗆 Intangible Personal Property fax due June 30. Yes 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 filling this reinstalement 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: OR PRINTED NAME OF SIGNING OFFICER OR D