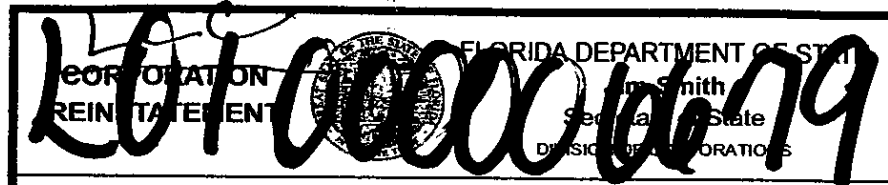


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FILED

02 OCT 29 AM 10:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800008683098
10/29/02--01165--006 **158.75

DOCUMENT # L01000006679

1. Corporation Name

TAVMEL INVESTMENTS L.C.

2. Principal Office Address

444 Brickell Avenue

3. Mailing Office Address

444 Brickell Avenue

Suite, Apt. #, etc.

Suite #421

Suite, Apt. #, etc.

Suite #421

City & State

Miami, FL

City & State

Miami, FL

Zip

33131

Country

USA

Zip

33131

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

04/30/01

5. FEI Number

02-0538398

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

CHARLES TAVARES

Street Address (P.O. Box Number is Not Acceptable)

444 Brickell Avenue

Suite, Apt. #, Etc.

Suite #421

City

MIAMI

State
FL

Zip Code
33131

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

REGISTERED AGENT MUST SIGN

Date

10-24-02

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
MCA DPS	CHARLES TAVARES	444 Brickell Ave. #421	Miami, FL 33131

REINSTATEMENT 2002

10/31/02

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Charles Tavares 10-24-02 305-371.0707

CR2081 (9/01)