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APPROVED AND FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

07 APR 24 PM 5:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

1 of 2

DOCUMENT # P01000081917

1. Corporation Name

Piramide Amalia Corporation REINSTATEMENT 04-07

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
255 Alhambra Circle	255 Alhambra Circle
Suite, Apt. #, etc.: Suite # 720	Suite, Apt. #, etc.: Suite # 720
City & State: Coral Gables Florida	City & State: Coral Gables
Zip: 33134 Country:	Zip: Florida Country: 33134

4. Date Incorporated or Qualified To Do Business in Florida:

5. FEI Number: 65-1131147 ☐ 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: Herman Mutis

Street Address (P.O. Box Number is Not Acceptable): 50 Ocean Lane Dr.

Suite, Apt. #, Etc.: Apt 602

City: Key Biscayne State: FL Zip Code: 33149

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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: _____ Date: 4-18-2007

REGISTERED AGENT MUST SIGN

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
D	Amalia Pittier De Mutis	255 Alhambra Circle Suite 720	Coral Gables, Florida 33134
D	Herman Emilio Mutis Pittier	255 Alhambra Circle Suite 720	Coral Gables, Florida 33134
D	Helena Mutis Pittier	255 Alhambra Circle Suite 720	Coral Gables, Florida 33134
D	Herman Mutis Van Schermbeek	255 Alhambra Circle Suite 720	Coral Gables, Florida 33134

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 contained in Chapter 119, 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: _____ 4-18-2007

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

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Florida Department of State

Division of Corporations
Public Access System

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CORPORATION REINSTATEMENT

PIRAMIDE AMALIA CORPORATION

Certificate of Status	0
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