PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 MAR 21 PM 1:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000102611

1. Corporation Name
ALEVENSIR CORPORATION

DOCUMENT # P02000102611

2. Principal Office Address		**3.** Mailing Office Address	
1401 BRICKELL AVE. SUITE 500		1401 BRICKELL AVE.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
SUITE 500		SUITE 500	
City & State		City & State	
MIAMI, FLORIDA		MIAMI, FLORIDA	
Zip	Country	Zip	Country
33131	USA	33131	USA

4. Date Incorporated or Qualified To Do Business in Florida 9/23/2002

5. FEI Number 76-0736873 ☐ 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
DAVID F. ROBERTS, ESQ.

800043832749
04/05/05--01029--013 **43.75

Street Address (P.O. Box Number is Not Acceptable)
1401 BRICKELL AVE.

Suite, Apt. #, Etc.
SUITE 500

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 David F. Roberts
REGISTERED AGENT MUST SIGN

Date 3/16/05

CR2E081 (01/05)

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	Eckbert Francisco Schulz Taouil	1401 BRICKELL AVE. SUITE 500	MIAMI, FLORIDA 33131
D	Erik Francisco Schulz Taouil	1401 BRICKELL AVE. SUITE 500	MIAMI, FLORIDA 33131
		REINSTATEMENT	03-05

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: David F Roberts as Attorney in fact 3/16/05 305 371-8064
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

VAZQUEZ & ROBERTS
Attorneys & Counselors at Law

Banco Santander Centre
1401 Brickell Ave., Suite 500
Miami, Florida 33131 U.S.A.

Telephone: (305) 371-8064
Facsimile: (305) 371-4967

March 16, 2005

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: ALEVENSIR CORPORATION REINSTATMENT

Dear Sir or Madame:

This office has been retained to assist with getting the above referenced corporation reinstated. Enclosed, please find the executed Corporation Reinstatement Application as well as our check for $ 458.75 corresponding to the Annual Report Fees, Corporate Supplemental Fees and Certificate of Status Fee. We respectfully request a waiver of the reinstatement fee amounting to $600 since our client did not receive any notifications from the Division of Corporations. The reason for this is that Mr. Julio Manguart, Esq. the attorney and registered agent for Alevensir Corporation passed away over 18 months ago. Our client was just informed by this office of this unfortunate news a few days ago.

I will be acting as the new registered agent and I am a resident of Florida. Also enclosed, please find my executed Certificate of Designation –Registered Agent/Office letter.

Most Sincerely,

David F. Roberts

Enclosures