PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAY 12 AM 10:07

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P05000039614

1. Corporation Name
P&M Investment Group Enterprises, Inc

2. Principal Office Address	3. Mailing Office Address
7900 Harbor Island Dr	"
Suite, Apt. #, etc. #1506	Suite, Apt. #, etc. "
City & State North Bay Village, FL	City & State "
Zip 33141 Country	Zip " Country "

4. Date Incorporated or Qualified To Do Business in Florida 3/15/05

5. FEI Number — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: Ana Milena Cortes
Street Address (P.O. Box Number is Not Acceptable): 7900 Harbor Island Dr
Suite, Apt. #, Etc.: #1506
City: North Bay Village State: FL Zip Code: 33141

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: ANA MILENA CORTES — Date: 5/7/08
REGISTERED AGENT MUST SIGN

CR2E041 (3/01)

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
P	Ana Milena Cortes	7900 Harbor Island Drive #1506	North Bay Village, FL 33141

REINSTATEMENT 06-08

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10. I certify that I am an officer or director of 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: ANA MILENA CORTES — Date: 5/7/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #