PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
14 NOV -8 PM 9:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (11/10)

DOCUMENT # P10000030726

1. Corporation Name

LOS TRES TIGUERES DE ALUMINIO, CORP

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
6926 NW 74TH ST	6926 NW 74TH ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, FL	City & State: Miami, FL
Zip: 33166 Country:	Zip: 33166 Country:

4. Date Incorporated or Qualified To Do Business in Florida: 04-08-2010

5. FEI Number: 272396009 ☐ 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: Emilio Prieto

Street Address (P.O. Box Number is Not Acceptable): 6926 NW 74TH ST

Suite, Apt. #, Etc.:

City: Miami State: FL Zip Code: 33166

900267225399
12/08/14--01041--008 **750.00

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: Emilio Prieto Date: 12-4-2014
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
PD	Emilio Prieto	6926 NW 74 STREET	Miami FL 33166.
		2014	DEC 8 2014
			M. WILLIAMS

REINSTATEMENT

10. E-mail Address: N/A
(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Emilio Prieto 12-4-2014 305-888-5995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #