PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

99 APR -1 AM 9:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

DOCUMENT # P94000005341

1. Corporation Name

ALHAMBRA HOLDING LTD., INC.

Principal Place of Business	Mailing Address
~~3191 CORAL WAY~~ 2223 N.W. 26 Ave ~~SUITE 405~~ MIAMI FL ~~33145~~ MIAMI, FL 33142	~~3191 CORAL WAY~~ P.O. BOX 140716 ~~SUITE 405~~ ~~MIAMI FL 33145~~ CORAL GABLES, FL

If above addresses are incorrect in any way, line through incorrect information and enter correct address below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
2223 NW 26 Ave.	P.O. BOX 140716
Suite, Apt #, etc. —	Suite, Apt #, etc. —
City & State: MIAMI, FL	City & State: CORAL GABLES, FL
Zip: 33142 Country: U.S.A.	Zip: 33114 Country: U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida: **01/18/1994**

5. FEI Number: **APPLIED FOR** ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ **$8.75 Additional Fee required for a Certificate of Status**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)	City / State / Zip 4
D	HAUSER, JAMES A	3191 CORAL WAY, SUITE 405	MIAMI FL 33145
P	PEREZ, JESUS E	3191 CORAL WAY, STE 405	MIAMI FL 33145

04/15/99 01007 006 ****150.00 ****150.00
04/15/99 01007 007 ****400.00 ****400.00
04/15/99 01007 008 ****350.00 ****350.00

8. Name and Address of Current Registered Agent

~~JAMES A. HAUSER P.A.~~
~~3191 CORAL WAY~~
~~SUITE 405~~
~~MIAMI FL 33145~~

9. Name and Address of New Registered Agent

Name: SUSANNA R. PEREZ
Street Address (P.O. Box Number is Not Acceptable): 7848 S.W. 66 St.
Suite, Apt #, Etc. —
City: MIAMI State: FL Zip Code: 33143

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: [signature] REGISTERED AGENT MUST SIGN Date: 2-17-99

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☑ (See other side for information on intangible tax.)

12. 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] E [signature] 2-16-99 (305) 586-9491
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

CR2E040 (9/98)