

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000006883

1. Corporation Name

Hex Investments, Inc.

FILED

00 JUL 10 PM 2:32

SECRETARY OF STATE TALLAHASSEE FLORIDA

Principal Place of Business

8500 S.W. 8th Street, Ste 238 Miami, FL 33144

Mailing Address

8500 S.W. 8th Street Ste 238 Miami, FL 33144

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

REINSTATEMENT 00

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

January 23, 1997

5. FEI Number

65-0721293

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)

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Rows include Emiliano E. Herran, Raylio Cainzos, Jorge Correa, Jose Luis Machado, Felix Lasarte, and Daisy Gomez.

8. Name and Address of Current Registered Agent

Jose Luis Machado 8500 S.W. 8th Street Suite # 238 Miami, FL 33144

9. Name and Address of New Registered Agent

Name: SAME Street Address: 500003339405--2 Suite, Apt. #, Etc.: -07/28/00--01060--001 City: State: FL Zip Code: ***750.00 ***750.00

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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date

7/4/00

11. This corporation owes 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:

[Handwritten Signature] Jose Luis Machado / Director Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/4/00 (305) 261-5355

Daytime Phone #

KE

CRCE081 (12/98)