


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
08 OCT 27 PM 1:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
		DOCUMENT # P99000071152

1. Corporation Name

PRIBASA HOLDING CO.

2. Principal Office Address - No P.O. Box # C/O 10300 SUNSET DRIVE Suite, Apt. #, etc. SUITE 400 City & State MIAMI, FL Zip 33173 Country USA		3. Mailing Office Address C/O 10300 SUNSET DRIVE Suite, Apt. #, etc. SUITE 400 City & State MIAMI, FL Zip 33173 Country USA	
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7. Name and Address of Current Registered Agent

Name
JULIO SALEM

Street Address (P.O. Box Number is Not Acceptable)
808 BRICKELL KEY DRIVE

Suite, Apt. #, Etc.
APT # 3802

City
MIAMI

State
FL

Zip Code
33131

4. Date Incorporated or Qualified To Do Business in Florida 08/10/1999

5. FEI Number 65-0942091

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

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 Julio Salem Date 10/17/08

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	Barakat, Pricila J.	808 Brickell Key Drive, #3802	Miami, FL 33131
VPD	Salem Kronfle, Santiago	808 Brickell Key Drive, #3802	Miami, FL 33131

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 contained in Chapter 119, 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: Julio Salem Date 10/17/08 Daytime Phone # 305-595-0303

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR