

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



APPLICATION FOR REINSTATEMENT

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

APPROVED AND FILED
98 JUL 26 AM 11:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S23559

1. Corporation Name

GEMA INVESTMENTS, INC.

Principal Place of Business

Mailing Address

520 Brickell Key Dr.
Suite 0-305
Miami, Florida 33131

REINSTATEMENT 96-98

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable
501 Brickell Key Drive

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida 01/09/91

Suite, Apt. #, etc. 400

Suite, Apt. #, etc.

5. FEI Number 65-0244039

Applied For Not Applicable

City & State Miami, Florida

City & State

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

Zip 33131 Country USA

Zip Country

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. Includes entries for Fabio Auriemo and Nelson Slosbergas.

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Julio Manguart
1428 Brickell Avenue
Main Floor
Miami, Florida 33131

Name Nelson Slosbergas

Street Address (P.O. Box Number is Not Acceptable)

501 Brickell Key Drive,

Suite, Apt. #, Etc. 400

City Miami

State FL

Zip Code 33131

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 7/13/98

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

(See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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. 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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (8/95)