PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 DEC 26 AM 8:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000095661

1. Corporation Name

3434 Investment, Inc.

REINSTATEMENT

2. Principal Office Address	**3.** Mailing Office Address
2579 Jardin Drive	2579 Jardin Drive.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Weston, FL.	City & State: Weston, FL.
Zip: 33327 Country: Broward	Zip: 33327 Country:

4. Date Incorporated or Qualified To Do Business in Florida: 11-12-98

5. FEI Number: 651060615 ☐ 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: Arturo Casado

800025778098
12/26/03--01081--014 **750.00

Street Address (P.O. Box Number is Not Acceptable): 2579 Jardin Drive

Suite, Apt. #, Etc.:

City: Weston State: FL Zip Code: 33327

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: _____ Date: 12-18-03

REGISTERED AGENT MUST SIGN

CR2E031 (10/02)

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
P/D/S	Arturo Casado.	2579 Jardin Drive	Weston, FL. 33327
VP/D	Oscar Rodriguez	16380 South Post Rd. #202	Weston, FL.

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 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: _____ 12/18/03 954 385 2550

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #