PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAY 21 PM 12:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N97000000842

1. Corporation Name
ACTION OF SOLIDARITY. Inc

000037432670
05/28/04--01049--022 **8.75
REINSTATEMENT 03-04

2. Principal Office Address	3. Mailing Office Address
141 CRANDON BLVD.	141 CRANDON BLVD
Suite, Apt. #, etc.: APT. # 431	Suite, Apt. #, etc.: APT. # 431
City & State: KEY BISCAYNE	City & State: KEY BISCAYNE
Zip: 33149 Country: USA	Zip: 33149 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 02/13/1997

5. FEI Number: 65-0752133 ☐ 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: CRISTOBAL PLAZA

Street Address (P.O. Box Number is Not Acceptable): 935 PENNSYLVANIA AVE. # 305

000037432670
05/28/04--01049--023 **25.50

Suite, Apt. #, Etc.:

City: MIAMI BEACH State: FL Zip Code: 33139

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: 5/10/04
REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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	CORCES, PEDRO FATHER	275 N.W 130 AVE. MIAMI FL, 33182	MIAMI, FL 33182
DV	REYNA, FELICIANO	EDF. EL PALMAR # 3-B CALLE LA CINTA	CARACAS, VENEZUELA 1064
SD	GRISANTI, ARMANDO	EDF. PALMA REAL #-1 CALLE CALIFORNIA	CARACAS, VENEZUELA 1064
D	GRISANTI, ANA MARIA	141 CRANDON BLVD. #431 KEY BISCAYNE, FL 33149	KEY BISCAYNE, FL 33149
D	VERGEL, NELSON	1112 JACKSON BLVD.	HOUSTON, TX 77006
			MM 5/26

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: _____ 5/17/2004 (305) 365-0654
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #