PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2008 SEP 19 PM 4:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
AH 9.22

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09/19/08--01047--002 **2700.00

DOCUMENT # K56343

1. Corporation Name

Lansberg Arellano, Inc (LAI)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
13600 SW 96 ST	13600 SW 96 ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami Florida	City & State: Miami Florida
Zip: 33186 Country: U.S.	Zip: 33186 Country: U.S.

REINSTATEMENT CR2E031(12/07) 95-08

4. Date Incorporated or Qualified — To Do Business in Florida: 12/30/1988

5. FEI Number: 650093010 ☐ 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: Narciso Arellano

Street Address (P.O. Box Number is Not Acceptable): 13600 SW 96 ST

Suite, Apt. #, Etc.:

City: Miami State: FL Zip Code: 33186

☐ 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: [signature] Date: 9/16/08

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	Narciso Arellano	13600 SW 96 ST	Miami, FL 33186
VP	Ligia B. Arellano	13600 SW 96 ST	Miami, FL 33186
DAS	Ligia M. Guerra	310 Crandwood Drive	Key Biscayne FL 33149
AS	Geraldine Arellano	13600 SW 96 ST	Miami, FL 33186
AS	Nancy Yrigoyen	11950 SW 137 Ter	Miami, FL 33186
AS	Karla Rodriguez	14501 SW 138 Ct	Miami, FL 33186

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: Ligia B. de Arellano 9/16/08 (305) 2180747

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