PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 FEB 12 PM 1:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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02/16/07--01001--009 **1208.75

DOCUMENT # 309660

1. Corporation Name

FINIMEX, INC

REINSTATEMENT 04-07

CR2E081 (12/05)

2. Principal Office Address	**3.** Mailing Office Address
1108 KANE CONCOURSE	1108 KANE CONCOURSE
Suite, Apt. #, etc.: 220	Suite, Apt. #, etc.: 220
City & State: BAY HARBOR ISLANDS	City & State: BAY HARBOR ISLANDS
Zip: 33154 Country: USA	Zip: 33154 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 59-1197870 ☐ 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: JUAN RICARDO PRADILLA

Street Address (P.O. Box may not be accepted): 1108 KANE CONCOURSE

Suite/Apt. # (if any): 220

City: BAY HARBOR ISLANDS State: FL Zip Code: 33154

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: _____ (REGISTERED AGENT MUST SIGN) Date: 1/30/07

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	JUAN RICARDO PRADILLA	1108 KANE CONCOURSE STE 220	BAY HARBOR ISLANDS, FL 33154
VP	VIRNA GONZALEZ MARTIN	1108 KANE CONCOURSE STE 220	BAY HARBOR ISLANDS, FL 33154
S	JUAN RICARDO PRADILLA	1108 KANE CONCOURSE STE 220	BAY HARBOR ISLANDS, FL 33154
	$2/13		

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: Juan Ricardo Pradilla 1/30/07 (305)866-9060

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