PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
02 NOV -8 AM 11:31
SECRETARY OF STATE
TALLAHASSEE FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 438112

REINSTATEMENT 95-02

1. Corporation Name
PESCAYO INC.

2. Principal Office Address	3. Mailing Office Address
1207 SOUTH ALHAMBRA CIRCLE	1207 SOUTH ALHAMBRA CIRCLE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CORAL GABLES, FL.	City & State: CORAL GABLES, FL.
Zip: 33146 Country: U.S.A.	Zip: 33146 Country: U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida: 10/15/1973

5. FEI Number: 591495842 ☐ Applied For ☐ Not Applicable

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

ARAMIS ALVAREZ 7. Name and Address of Current Registered Agent

Name

1207 SOUTH ALHAMBRA CIRCLE
Street Address (P.O. Box Number is Not Acceptable)

600009177366
11-22-02 01092 030 **10.00

Suite, Apt. #, Etc.

City: CORAL GABLES. State: FL Zip Code: 33146

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] REGISTERED AGENT MUST SIGN

Date: NOV. 1 / 2002

CR2E068 (5/01)

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.	ALVAREZ ARAMIS	1207 SOUTH ALHAMBRA CIRCLE	CORAL GABLES FL. 33146
T	CANDELA, HILARIO F.	11010 SW 53 AVE.	CORAL GABLES FL. 33156
S	ALVAREZ, MYRIAM F.	1207 SOUTH ALHAMBRA CIRCLE.	CORAL GABLES FL. 33146
D	BERMUDEZ, JUAN J.	CARRETERA 845 KM 0.5 CUPEY BAJO	RIO PIEDRAS, PTO. RICO 00926
			600009177366 11-22-02-01092-031 **2687.50

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: [signature] NOV. 1/02 - ARAMIS ALVAREZ - PRESIDENT (305) 447-3520

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

11/15/02