PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 NOV 19 AM 10:30

DOCUMENT # 753845

1. Corporation Name

CAMARA HISPANA DE COMERCIO, INC.

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-12/05/01--01037--002
****236.25 ****236.25

REINSTATEMENT 01

2. Principal Office Address	**3.** Mailing Office Address
23550 SW 153 CT	P.O. BOX 700835
Suite, Apt. #, etc.	Suite, Apt. #, etc.
HOMESTEAD, FL	MIAMI, FL
Zip: 33032 Country: DADE	Zip: 33170-0835 Country: DADE

4. Date Incorporated or Qualified To Do Business in Florida: 8/13/1980

5. FEI Number: 59-2097526 ☐ 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: MIGUEL GONZALEZ

Street Address (P.O. Box Number is Not Acceptable): 23550 SW 153 CT

Suite, Apt. #, Etc.:

City: HOMESTEAD State: FL Zip Code: 33032

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: 10/24/2001

CR2E061 (9/00)

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	GONZALEZ, YUELICE T.	23550 SW 153 CT	HOMESTEAD, FL 33032
VP	MENDEZ, MICHAEL	15785 SW 242 ST	HOMESTEAD, FL 33032
VTSD	MENDEZ, MARIA	15785 SW 242 ST	HOMESTEAD, FL 33032
VSD	PAULSON, BARBARA OLIVER	22850 SW 179 PLACE	HOMESTEAD, FL
TD	GONZALEZ, MIGUEL	23550 SW 153 CT	HOMESTEAD, FL 33032

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] 10/24/2001 305-246-5878
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #