FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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06 MAY 18 AM 8:09

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT 01-06

DOCUMENT # F00000004116

1. Corporation Name

MYALFRED.COM, INC.

CR2E081 (12/05)

2. Principal Office Address		3. Mailing Office Address	
VERACRUZ 67		7441 SW 158 TERRACE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
COL. CONDESA			
City & State		City & State	
MEXICO, D.F.		MIAMI, FL.	
Zip	Country	Zip	Country
06140	MEXICO	33157	USA

4. Date Incorporated or Qualified To Do Business in Florida: 7-21-2000

5. FEI Number: 522252134 ☐ 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: CORP. DIRECT AGENTS, INC.

Street Address (P.O. Box Number is Not Acceptable): 515 EAST PARK AVE

Suite, Apt. #, Etc.:

City: TALLAHASSEE | State: FL | Zip Code: 32301

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: Asst. Sec. Date: 5.18.06
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
LEO	ALEJANDRO ESTRADA	7441 SW 158 TERRACE	MIAMI / FL / 33157
SEC	MARCELO WOHLMUTH	VERACRUZ 67	MEXICO D.F. / MEXICO / 06140

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: [signature] MAY 18, 2006 (305) 255 1877
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #