PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 AUG 31 PM 12:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F03000006442

1. Corporation Name
VICARMO CORPORATION

800184898418
08/31/10--01007--013 **1650.00

CR2E081 (6/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
2121 Ponce de Leon Blvd	2121 Ponce de Leon Blvd.
Suite, Apt. #, etc Suite 1050	Suite, Apt. #, etc. Suite 1050
City & State Coral Gables, FL	City & State Coral Gables, FL
Zip: 33134 Country: USA	Zip: 33134 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: December 15, 2003

5. FEI Number: 65-1089985 ☐ 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: Consulting Services of South Florida, Inc.

Street Address (P.O. Box Number is Not Acceptable): 2121 Ponce de Leon Blvd

Suite, Apt. #, Etc: Suite 1050

City: Coral Gables | State: FL | Zip Code: 33134

REINSTATEMENT

04-10

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: Antonio Garcia Date: August 27th, 2010

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	Vives de Mora, Ruth	4401 Collins Ave. Apt. 1605	Miami Beach, FL 33140
VD	Vives Carrillo, Mauricio	4401 Collins Ave. Apt. 1605	Miami Beach, FL 33140
SD	Vives Carrillo, Fernando	4401 Collins Ave. Apt. 1605	Miami Beach, FL 33140

10. **E-mail Address:** mariae@aegarcia.com
(To be used for future annual report notification)

11. 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 the name reservation 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, I further certify 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: FERNANDO VIVES Aug. 27th, 2010 305-444-2213

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

FF AUG 31 2010