می	. PLĘA	SE READ	ALL INSTRU	CTIONS BE	FORE C	OMPLETII	NG TI	HIS FORM.			
	RPORATION STATEMENT		<b>Kath</b> Secr	PARTMENT OF nerine Harris etary of State of corporation		·	0	FILED	-	33	
DOCUMENT # F75273							SECRETARY OF STATE TALLAHASSEE, FLORIDA				
Lipis	s Corporatio	n									
Principal Office Address , 3. Mailing Of				ffice Address							
			-	lboat Circle							
			Suite, Apt. #, etc.	etc.							
N/A N/A			N/A				porated or Qualified Iness in Florida March 31, 1982				
City & State City & State			-		5. FEI Number		Marcn	· · · · · · · · · · · · · · · · · · ·	982 opiled For		
					le, Florida 65-00			l	<u> </u>	ot Applicable	
ip 3332(	326 Country Zip 33326			USA .		6. CERTIFICATE	RTIFICATE OF STATUS DESIRED XX \$8.75 Additional Fee require for a Certificate of Status				
	7. Name and Address of Current Register										
র্	Name Raou l						1				
12	Street Address (P.C		ot Acceptable)					1 1 40			
	2655 Suite, Apt. #, Etc.	Le Jeune F	Road	The state of the s			101	78		-{	
	Penthouse 2-C				HEN	142-	$\mathcal{O}_{1}$				
•	City	Gables	G it splane i			المراجع	FL	Zip Code 33134			
3. I, being	appointed the register	ed agent of the abo	ve named corporation	am familiar with an	d accept the ob	ligations of section	n 607.050	05 or 617.0503, F.S.			
Signature o			1/1				<b>-</b> .	July 30,	2001		
Registered	Agent	RE	GISTERED AGENT	MUST SIGN			Date	<u> </u>			
3. Names	and Street Addresses	of Each Officer and	i/or Director (Florida i	nonprofit corporations	s must list at lea	ast 3 directors)					
Titles	Name of Officers and/or Directors			Street Address of Each Officer and/or Director			City / State / Zip				
PD	Gloria Lucia Baena			428 Sailboat Circle			Ft. Lauderdale, FL 33326				
VP	Luis Fernando Baena			428 Sailboat Circle			Ft.	Lauderdale,	FL	33326	
`s/T	Clara Alicia Baena			28 Sailboat	Circle		Ft.	Lauderdale,	FL	33326	
							·~· (~[]	004551	50°	72	
<u>·</u>			-				<u> </u>	<del>-08/23/01</del> t	1111114	<del></del>	
								***1658.75	米米米	1658.75	

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 filling 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 examption under section 119.07(3)(i), F.S. The information indicated on this control of the corporation have been paid and the names—of individuals listed on the form do not qualify for an examption 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 30, 2001

954-389-1747

Daytime Phone #