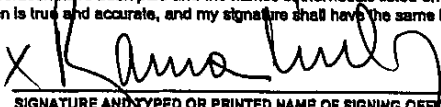


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F96000002230			
1. Corporation Name Keymar Investment Corporation, Inc.			
2. Principal Office Address 2815 NW 17th Avenue Suite, Apt. #, etc.		3. Mailing Office Address 2815 NW 17th Avenue Suite, Apt. #, etc.	
City & State Miami, Florida		City & State Miami, Florida	
Zip 33142	Country USA	Zip 33142	Country USA
		4. Date Incorporated or Qualified To Do Business In Florida 5/3/96	
		5. FEI Number 980046454	
		6. CERTIFICATE OF STATUS DESIRED ☐ \$6.75. Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name MP Property Management, Inc. M. Palacios			
Street Address (P.O. Box Number is Not Acceptable) 3575 West 72 St.			
Suite, Apt. #, Etc.			
City Hialeah		State FL	Zip Code 33018
8. I, being appointed the registered agent of the above corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.			
Signature of Registered Agent		Date 12/29/2005	
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	Ramon Vidri Miro	1510 Crandon Blvd., Dept. 830	Key Biscayne, FL 33149
VTD	Ramon Vidri, Jr.	1510 Crandon Blvd., Dept. 830	Key Biscayne, FL 33149
SD	Patricia Vidri	1510 Crandon Blvd., Dept. 830	Key Biscayne, FL 33149
REINSTATEMENT 03-06			
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #