PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
01 NOV 15 PM 3:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 01

DOCUMENT # F98000006799

1. Corporation Name
ALLEGRO EXECUTIVE SERVICES CORPORATION

2. Principal Office Address		3. Mailing Office Address	
6303 BLUE LAGOON DRIVE		6303 BLUE LAGOON DRIVE	
Suite, Apt. #, etc. SUITE 250		Suite, Apt. #, etc. SUITE 250	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33126	Country USA	Zip 33126	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 12/15/1998

5. FEI Number 65-0906625 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: C T CORPORATION SYSTEM

900004693689--5
-11/26/01--01074--017
****750.00 ****750.00

Street Address (P.O. Box Number is Not Acceptable): 1200 S. PINE ISLAND ROAD

Suite, Apt. #, Flr:

900004693689--5
-11/26/01--01074--018
****8.75 ****8.75

City: PLANTATION State: FL Zip Code: 33324

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: Connie Bryan CONNIE BRYAN SPECIAL ASSISTANT SECRETARY Date: 11-15-01
REGISTERED AGENT MUST SIGN

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
C	Gregorio de Diego	6303 Blue Lagoon Dr., #250	Miami, FL 33126
T	Joaquin Giraldez	6303 Blue Lagoon Dr., #250	Miami, FL 33126
S	Ambrosio Aznar	6303 Blue Lagoon Dr., #250	Miami, FL 33126

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: X Ambrosio Aznar 10/30/01 305-262-5409
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

TOTAL P.02

CT CORPORATION SYSTEM

CORPORATION(S) NAME

Allegro Executive Services Corporation

0

( ) Profit ( ) Nonprofit	( ) Amendment	( ) Merger
( ) Foreign	( ) Dissolution/Withdrawal (X) Reinstatement	( ) Mark
( ) Limited Partnership ( ) LLC	( ) Annual Report ( ) Name Registration ( ) Fictitious Name	( ) Other ( ) Change of RA ( ) UCC
( ) Certified Copy	( ) Photocopies	(X) CUS
( ) Call When Ready (x) Walk In ( ) Mail Out	( ) Call If Problem ( ) Will Wait	( ) After 4:30 (x) Pick Up

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Name Availability _____
Document Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____

11/15/01

Order#: 4920238

Ref#: _____

Amount: $_____

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