2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # G62345

1. Entity Name
LA GOMERA INVESTMENT CORPORATION

FILED
05 JUL 21 PM 3:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
C/O ACC GROUP 1101 BRICKELL AVE., STE 402 MIAMI, FL 33131	1101 BRICKELL AVENUE STE #402 MIAMI, FL 33131

05312005 REINSTATEMENT CR2E098 (6/04) 04-05

2. Principal Place of Business		3. Mailing Address	
200 S. Biscayne Blvd.		200 S. Biscayne Blvd.	
Suite, Apt. #, etc.: Suite 4000		Suite, Apt. #, etc.: Suite 4000	
City & State: Miami - Fl		City & State: Miami - Fl	
Zip: 33131	Country: USA	Zip: 33131	Country: USA

4. FEI Number: 65-0737796 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ACC REAL ESTATE INVESTMENTS INC.
1101 BRICKELL AVENUE, SUITE 402
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name: Corporate International Registered Agents Inc.
Street Address (P.O. Box Number Is Not Acceptable): 200 S. Biscayne Blvd.
Suite 4000
City: Miami FL Zip Code: 33131

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] 7/18/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $900.00

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST CORDERO-CASAL, ALI 1101 BRICKELL AVE., STE 402 MIAMI, FL 33131	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700057711037 07/20/05--01034--006 **900.00	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 7/14/05 305 577 9270
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #