

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		<div style="text-align: center;"> FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS </div>	
DOCUMENT # J87267 1. Corporation Name Investamar International, Inc.		<div style="text-align: right;"> FILED 98 FEB 13 PM 1:22 SECRETARY OF STATE TALLAHASSEE, FLORIDA </div>	
Principal Place of Business Mailing Address 8033 N.W. 36th Street Suite 440 Miami Springs, Florida 33166 <small>If above addresses are incorrect in any way, line through incorrect information and enter correction</small>		<div style="text-align: right;"> 100002432901--2 -02/17/98--01061--001 DO NOT WRITE IN THIS SPACE \$17.50 </div>	
2. New Principal Office Address, If Applicable 8033 N.W. 36th St. Suite, Apt. #, etc. Suite 440 City & State Miami Springs, FL Zip Country 33166 U.S.A.		3. New Mailing Address, If Applicable 8033 N.W. 36th St. Suite, Apt. #, etc. Suite 440 City & State Miami Springs, FL Zip Country 33166 U.S.A.	
4. Date Incorporated or Qualified To Do Business in Florida August 14, 1987		5. FEI Number 59-2835588	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> XX		Applied For <input type="checkbox"/> Not Applicable	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
Pres.	Diego Ribadeneira	8033 N.W. 36th Street#440	Miami, Florida 33166
V.P.	Daniela Ribadeneira	8033 N.W. 36th Street#440	Miami, Florida 33166
Asst. Sec	Georgina Menendez	8033 N.W. 36th Street#440	Miami, Florida 33166
			100002432901--2 -02/17/98--01061--002 ***1500.00 ***1500.00
			REINSTATEMENT
			SL 2-13-98
8. Name and Address of Current Registered Agent ISICOFF & RAGATZ, P.A. 1101 Brickell Avenue Suite 800, South Tower Miami, Florida 33131		9. Name and Address of New Registered Agent Name Not Applicable Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL	
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, Signature of Registered Agent By: <u>ISICOFF & RAGATZ, P.A.</u> Date <u>2/12/98</u> Its: President <small>REGISTERED AGENT MUST SIGN</small>			
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (See information on intangible tax.)			
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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. and that all fees owed by the corporation have been paid. 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: <u>[Signature]</u> 2-12-98 305-597-9044 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			