PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 JAN 24 PM 1:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K-55833

1. Corporation Name
PRIVATE GROUPS, INC.

100011789031
02/04/03--01075--035 **1058.75

2. Principal Office Address
1172 South Dixie Hwy
Suite, Apt. #, etc.
502
City & State
Coral Gables, FL
Zip 33146 Country USA

3. Mailing Office Address
1172 South Dixie Hwy.
Suite, Apt. #, etc.
502
City & State
Coral Gables, FL
Zip 33146 Country USA

4. Date Incorporated or Qualified To Do Business In Florida 12/29/1988

5. FEI Number 65-0146357 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent
Name
Felix R. Fuertes
Street Address (P.O. Box Number is Not Acceptable)
4200 Santa Maria Street
Suite, Apt. #, Flr.
City
Coral Gables,
State FL Zip Code 33146-1125

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
REGISTERED AGENT MUST SIGN
Date 01 23, 2003

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
CPD	Evangelina Fuertes	823 Marti St	San Juan, PR 00907
D/S	Regina M. Cameron	4200 Santa Maria St	Coral Gables, FL 33146
VTMD	Felix R. Fuertes	4200 Santa Maria St	Coral Gables, FL 33146
VDAS	Roberto Fuertes	823 Marti Street	San Juan, PR 00907

10. I certify that I am an officer or director of 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: Felix R. Fuertes - Managing Director 01/23/03 305-790-1176
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #