FAX AUDIT # H07000279159

FILED
Dec 13, 2007 8:00 A.M.
Secretary of State

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # K69984

1. Entity Name
ROARK INVESTMENTS, INC.

Principal Place of Business	Mailing Address
444 BRICKELL AVE. SUITE 51-274 MIAMI, FL 33133 US	C/O JANICE RUSSELL ONE S.E. 3RD AVENUE, 28 FL. MIAMI, FL 33131
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

09132007 REIN-P CR2E088 (1/07)

4. FEI Number: 65-0123099 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
AMERICAN INFORMATION SERVICES, INC.
ONE S.E. THIRD AVE., 28TH FLOOR
MIAMI, FL 33131

7. Name and Address of New Registered Agent
Name: CorpDirect Agents, Inc.
Street Address (P.O. Box Number is Not Acceptable): 515 East Park Avenue
City: Tallahassee FL Zip Code: 32301

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: CorpDirect Agents, Inc. By Katie [signature] Asst. Sec. 11/14/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ALTAMIRANO, FABRICIO 444 BRICKELL AVE., SUITE 51-274 MIAMI, FL 33133	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ALTAMIRANO, THELMA 444 BRICKELL AVE., SUITE 51-274 MIAMI, FL 33133	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ALTAMIRANO, ROBERTO JULIAN 444 BRICKELL AVE., SUITE 51-274 MIAMI, FL 33133	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	REINSTATEMENT	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	RH	☐ 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 exemptions contained in Chapter 119, 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] Oct 10, 2007 (305) 513-5652
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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FILED
07 DEC 12 PM 1:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # K89984

1. Entity Name
ROARK INVESTMENTS, INC.

Principal Place of Business	Mailing Address
444 BRICKELL AVE. SUITE 51-274 MIAMI, FL 33133 US	C/O JANICE RUSSELL ONE S.E. 3RD AVENUE, 28 FL. MIAMI, FL 33131
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

09132007 REIN-P CR2E098 (1/07)

4. FEI Number: 65-0123089 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

AMERICAN INFORMATION SERVICES, INC.
ONE S.E. THIRD AVE., 28TH FLOOR
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name: CorpDirect Agents, Inc.
Street Address (P.O. Box Number is Not Acceptable): 515 East Park Avenue
City: Tallahassee FL Zip Code: 32301

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: CorpDirect Agents, Inc. By Katie Aldrich Asst. Sec. 11/14/07
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating — Date

FILE NOW!!! FEE IS $600.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ALTAMIRANO, FABRICIO 444 BRICKELL AVE., SUITE 51-274 MIAMI, FL 33133	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ALTAMIRANO, THELMA 444 BRICKELL AVE., SUITE 51-274 MIAMI, FL 33133	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ALTAMIRANO, ROBERTO JULIAN 444 BRICKELL AVE., SUITE 51-274 MIAMI, FL 33133	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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REINSTATEMENT
RH

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Fabricio Altamirano — Oct 10, 2007 — (305) 513 5652
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FAX AUDIT # H07000279159

Florida Department of State
Division of Corporations
Public Access System

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To:
Division of Corporations
Fax Number : (850)617-6384

From: Angelica M. Chiru
Account Name : AKERMAN SENTERFITT (MIAMI)
Account Number : 075471001363
Phone : (305)374-5600
Fax Number : (305)374-5095

CORPORATION REINSTATEMENT

ROARK INVESTMENTS, INC.

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