PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED APPLICATION **FOR** 29 HAY 20 PH 3: 09 REINSTATEMENT SECRETARY OF STATE TALLAHABSTE, FLORIDA DOCUMENT # L00788 Corporation Name MOPER INVESTMENTS CORP. Principal Place of Business Mailing Address REINSTATEMENT98-990 9555 N. Kendall Drive Same Suite 206 Miami, Florida 33176 If above addresses are incorrect in any way, line through incorrect information and enter correction below New Principal Office Address, If Applicable 717 Ponce de Leon Blvd 3. New Mailing Office Address, If Applicable Same. Date Incorporated or Qualified To Do Business in Florida 7/10/1989 Suite, Apt. #, etc.
Suite 319 Suite, Apt. #, etc 5. FEI Number Applied For City & State Coral Gables, Florida City & State 65-0149181 Not Applicable \$8.75 Additional Fee required for a Certificate of Status Zip Country <sup>Zip</sup>33134 Ü.S.A. 7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) Name of Officers and/or Directors Title(s) City / State / Zip Rafael Agusto Sanchez 44 P/S/T/D LEONIDAS RODRIGUEZ Santo Domingo Naco, Dom. Rep. ۷P PEDRO F. MARTELL 717 Ponce de Leon Blvd. #319 Coral Gables, FL 33134 2000002892708----06/02/99--01059--002 \*\*\*\*\*(18.75 - \*\*\*\*\*(18.75 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Pedro F. Martell Marcos H. Rego Street Address (P.O. Box Number is Not Acceptable) 9555 N. Kendall Drive 717 Ponce de Leon Boulevard Suite 206 Suite, Apt #, Etc. Suite 319 Miami, Florida 33196 Zip Code 33134 Coral Gables copporation am familiar with and accept the obligations of Section 607.0505, F.S. 10. I, being appointed the regis ered agent of the above of Signature of Registered Agent . May 17th, 1999 Date 11. This corporation owes the current year (See other side for information on intangible tax.) Yes 🔲 No 🔲 Intangible Personal Property Tax due June 30. 12. 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 or rtify 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 indicate on this application is true and accurate, and my signature shall have the same logal effect as if made under path. May 17, 1999 (305) 446-3400 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day me Phone #

Pedro F. Martell, Vice-President