

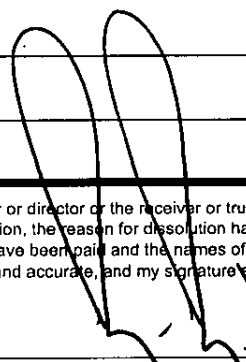


| CORPORATION REINSTATEMENT | |  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS | | FILED 09 JAN 22 AM 9:21 SECRETARY OF STATE TALLAHASSEE, FLORIDA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| DOCUMENT # L00788 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Corporation Name ROPER INVESTMENTS CORP. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Principal Office Address - No P.O. Box # Rafael Augusto Sanchez 44 Suite, Apt. #, etc. Torre Blanca, Piso #10 City & State Santo Domingo, Dom. Rep. Zip Country OC | | | 3. Mailing Office Address RBC-Miami c/o Lina Amador Suite, Apt. #, etc. 801 Brickell Avenue, #2100 City & State Miami, Florida Zip Country 33131 USA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7. Name and Address of Current Registered Agent Name MARTELL, PEDRO F. Street Address (P.O. Box Number is Not Acceptable) 9485 S.W. 72 Street Suite, Apt. #, Etc. A-265 City Miami | | | 4. Date Incorporated or Qualified To Do Business in Florida 07/10/1989 5. FEI Number 65-0149181 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status <input checked="" type="checkbox"/> The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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  Date 12/10/2008 <div style="text-align: center;">REGISTERED AGENT MUST SIGN</div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"><thead><tr><th style="width:10%;">Titles</th><th style="width:30%;">Name of Officers and/or Directors</th><th style="width:30%;">Street Address of Each Officer and/or Director</th><th style="width:30%;">City / State / Zip</th></tr></thead><tbody><tr><td>PSTD</td><td>RODRIGUEZ, DORALISE</td><td>Rafael Augusto Sanchez 44</td><td>Naco, Dom. Rep.</td></tr><tr><td>VPD</td><td>RODRIGUEZ, ROBERTO E.</td><td>Rafael Augusto Sanchez 44</td><td>Naco, Dom. Rep.</td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></tbody></table> | | | | | | Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip | PSTD | RODRIGUEZ, DORALISE | Rafael Augusto Sanchez 44 | Naco, Dom. Rep. | VPD | RODRIGUEZ, ROBERTO E. | Rafael Augusto Sanchez 44 | Naco, Dom. Rep. | | | | | | | | | | | | | | | | |
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| <div style="text-align: right; font-family: monospace; font-size: 1.2em;">700139063457 12/16/08 01029 002 \$300.00 01/15/08 01032 007 \$300.00</div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10. 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., 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 contained in Chapter 119, 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:  <div style="display: flex; justify-content: space-between;"><div>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</div><div>Date</div><div>Daytime Phone #</div></div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |