250.00
10-1-06

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 MAY 19 AM 10:20

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03000013571-F

1. Corporation Name
Square-One Investments, L.C.

CR2E081 (12/05)

2. Principal Office Address	3. Mailing Office Address
c/o TAC CONSTRUCTION	c/o TAC CONSTRUCTION
10540 NW 26 ST	10540 NW 26 ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
SUITE G-301	SUITE G-301
City & State	City & State
Doral, FL.	Doral, FL
Zip / Country	Zip / Country
33172 / Miami Dade	33172 / Miami Dade

4. Date Incorporated or Qualified To Do Business in Florida 4/15/03

5. FEI Number 16-1668066 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Keith J. Merrill

Street Address (P.O. Box Number is Not Acceptable): 1320 S Dixie Hwy ~~#731~~

Suite, Apt. #, Etc.: Coral Suite 731

City: Coral Gables State: FL Zip Code: 33146

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: Keith J Merrill Date: 4/10/06
REGISTERED AGENT MUST SIGN

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
Managing Member	Orlando Martin	2484 S.W. 116 AVE ~~33165~~	Miami, FL 33165
			300025959403
			04/20/06 01000 009 **250.00
		REINSTATEMENT	04-06

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 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: x Orlando Martin 4/10/06 305 863-0506
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #