PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JUL 14 AM 10:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L94278

1. Corporation Name
RADAR FINANCIAL INVESTMENTS, INC.

REINSTATEMENT 03-04 MRD

2. Principal Office Address	3. Mailing Office Address
1501 S.W. LeJeune Rd.	1501 S.W. LeJeune Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Coral Gables, FL 33134	City & State: Coral Gables, FL 33134
Zip: 33134 Country: Miami-Dade	Zip: 33134 Country: Miami-Dade

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 650211061 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: ADA HUESO

Street Address (P.O. Box Number is Not Acceptable): 1501 S.W. LeJeune Road.

Suite, Apt. #, Etc.

City: Miami, State: FL Zip Code: 33134

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: Ada Hueso ADA HUESO Date: 07/12/04
REGISTERED AGENT MUST SIGN

9. Name and Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PSD	RAFAEL HUESO	1501 S.W.LeJeune Rd.	Coral Gables, FL33134
		100039643911 07/28/04--01042--022 **900.00	

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 the 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: Rafael Hueso RAFAEL HUESO 07/12/04 786-251-3015
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #