


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>APPLICATION FOR REINSTATEMENT</b>	 <b>FLORIDA DEPARTMENT OF STATE</b> Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	<b>APPROVED AND FILED</b>  1997 NOV -4 AM 10:43  SECRETARY OF STATE TALLAHASSEE, FLORIDA
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**DOCUMENT #** M45501

1. Corporation Name

**BARLOVENTO CORPORATION**  
 780 N.W. Le Jeune Rd. Ste 427  
 Miami, Florida, 33126-5536.

Principal Place of Business

Mailing Address

780 N.W. Le Jeune Rd, Ste 427  
 Miami, Florida, 33126-5536.

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable		3. New Mailing Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida <b>1-28-1987</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <b>65-010 8363</b>	
City & State		City & State		Applied For	
Zip		Country		Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres	Jose Paz	780 N.W. Le Jeune Rd Ste 427	Miami, Florida, 33126-5536
			0000002338880-4 -11/05/97--01069--003 ***153.75 ***569.75
			0000002338880-4 -11/05/97--01069--004 ***175.00 ***175.00

**REINSTATEMENT**

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
JOSE PAZ 780 N.W. Le Jeune Rd, Ste 427 Miami, Florida, 33126-5536.		Name <b>JOSE PAZ</b> Street Address (P.O. Box Number is Not Acceptable) 780 N.W. Le Jeune Rd, Suite, Apt. #, Etc. Suite 427 City <b>Miami</b> State <b>FL</b> Zip Code <b>33126</b>	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent Jose Paz Date **9-30-97**

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐ (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:** Jose Paz **9-30-97** **445-0890**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2040 (12/95)