PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 JUL 11 PM 1:11

DOCUMENT # M59125

1. Corporation Name
Miami Columbus, Inc.

REINSTATEMENT 00-01

2. Principal Office Address	3. Mailing Office Address
320 N.E. 1 Street	4100 Joy Lake Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, FL	City & State: Reno, NV
Zip: 33132 Country: USA	Zip: 89511 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 9/16/87

5. FEI Number: 650010535 ☐ 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: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street

Suite, Apt. #, Etc.:

City: Tallahassee State: FL Zip Code: 32301-2525

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: BRIAN COURTNEY, ASST V.P. Date: 07-11-01
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
D	A. AMIN AL-DAHLAWI	4100 Joy Lake Road	Reno, NV 89511
D	GHASSAN AL-DAHLAWI	4100 Joy Lake Road	Reno, NV 89511
D	ABDULLAH AL-DAHLAWI	4100 Joy Lake Road	Reno, NV 89511
PTS	GHASSAN AL-DAHLAWI	4100 Joy Lake Road	Reno, NV 89511

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 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: _____ (775)849-9070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ACCOUNT NO. : 072100000032

REFERENCE : 217123 7110815

AUTHORIZATION :

COST LIMIT : $ 908.75

Patricia Piggott

ORDER DATE : July 11, 2001

ORDER TIME : 12:16 PM

ORDER NO. : 217123-005

CUSTOMER NO: 7110815

CUSTOMER: Ms. Zaida Hernandez
Adams, Gallinar & Iglesias,
Suite 900
1200 Brickell Avenue
Miami, FL 33131

DOMESTIC FILINGS

NAME: MIAMI COLUMBUS, INC.

RECEIVED
01 JUL 11 PM 12:53
DIVISION OF CORPORATION

XX ___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
XX _____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janna Wilson

EXAMINER'S INITIALS AD