PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

02 DEC 19 AM 9:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M60272

1. Corporation Name

SAFEPORT INVESTMENTS CORP.

REINSTATEMENT 02

2. Principal Office Address	3. Mailing Office Address
1101 Brickell Avenue	
Suite, Apt. #, etc.: South Tower, Suite 400	Suite, Apt. #, etc.:
City & State: Miami, Florida	City & State:
Zip: 33131 Country: USA	Zip: Country:

4. Date Incorporated or Qualified To Do Business in Florida:

5. FEI Number: 65-0018617 ☐ 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: Murai, Wald, Biondo & Moreno, P.A.

900009384559
12/06/02--01016--002 **750.00

Street Address (P.O. Box Number is Not Acceptable): 25 S.E. 2nd Avenue, Miami, Florida

Suite, Apt. #, Etc.: 900 Ingraham Building

City: Miami State: FL Zip Code: 33131

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: 12/16/02

REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

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
DPS	Ortega, Jorge	1101 Brickell Avenue South Tower, Suite 400	Miami, Florida 33131
DVP	Ortega, Gustavo	1101 Brickell Avenue South Tower, Suite 400	Miami, Florida 33131
DVP	Ortega, Luis Alberto	1101 Brickell Avenue South Tower, Suite 400	Miami, Florida 33131
		REINSTATEMENT 02	
			TB

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: X _____ JORGE ORTEGA 12-4-02 305-3270390

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #