PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
00 JUL 24 AM 11:58
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # M87634

1. Corporation Name
Sea-Sand Investors, Inc.

2. Principal Office Address		**3.** Mailing Office Address	
2050 Coral Way			
Suite, Apt. #, etc. #402		Suite, Apt. #, etc.	
City & State Miami, Florida		City & State	
Zip 33145	Country	Zip	Country

REINSTATEMENT 99-00

4. Date Incorporated or Qualified To Do Business In Florida 6/29/88

5. FEI Number 65-0103932 — 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: Oswaldo J. Mora, Esq.

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08/02/00--01002--004
****908.75 ****908.75

Street Address (P.O. Box Number Is Not Acceptable): 2050 Coral Way

Suite, Apt. #, Etc.: #402

City: Miami — State: FL — Zip Code: 33145

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: Oswaldo J. Mora — REGISTERED AGENT MUST SIGN — Date: July 21, 2000

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
PDT	Hans Peter Brullman	2050 Coral Way, #402	Miami, Florida 33145
VP,S	Oswaldo J. Mora	2050 Coral Way #402	Miami, Florida 33145

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: Oswaldo J. Mora Vice Pres. — 7/21/2000 — 305-854 0870 — KE

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

OSWALDO J. MORA VICE PRES.