Audit No. H12000174297 3

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FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M88621

1. Corporation Name
ALINDEL, INC.

REINSTATEMENT 08-12

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1395 Brickell Avenue	1395 Brickell Avenue
Suite, Apt. #, etc. 14th Floor-FKL	Suite, Apt. #, etc. 14th Floor-FKL
City & State Miami, FL	City & State Miami, FL
Zip 33131 / Country USA	Zip 33131 / Country USA

4. Date Incorporated or Qualified To Do Business in Florida 06/30/1988

5. FEI Number 65-0089714 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee is required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: De Lima, Jaime

Street Address (P.O. Box Number is Not Acceptable): 1395 Brickell Avenue

Suite, Apt. #, etc.: 14th Floor-FKL

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: [signature] Date: 6/26/12
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
PD	De Lima, Jaime	1395 Brickell Avenue, 14th Floor-FKL	Miami, FL 33131
ST	De Lima, Linda	1395 Brickell Avenue, 14th Floor-FKL	Miami, FL 33131

10. E-mail Address: flickstein@fowler-white.com
(To be used for future annual report notification)

11. 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. I further certify that information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath; I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: [signature] JAIME DE LIMA 6/26/12 (305) 935-6038
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Florida Department of State

Division of Corporations

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CORPORATION REINSTATEMENT

ALINDEL, INC.

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