Audit No. H14000261581 3

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE C

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M88621

1. Corporation Name:

ALINDEL, INC.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1395 BRICKELL AVENUE	1395 BRICKELL AVENUE
Suite, Apt. #, etc: 14TH FLOOR	Suite, Apt. #, etc: 14TH FLOOR
City & State: MIAMI, FL	City & State: MIAMI, FL
Zip: 33131 Country: USA	Zip: 33131 Country: USA

CR2E081 (11/10)

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 $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: FRED K. LICKSTEIN, ESQ.

Street Address (P.O. Box Number is Not Acceptable): 1395 BRICKELL AVENUE

Suite, Apt. #, etc.: 14TH FLOOR

City: MIAMI State: FL Zip Code: 33131

NOV 10 2014

L SELLERS

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: Fred K. Lickstein — REGISTERED AGENT MUST SIGN — Date: 11/10/14

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	JAIME DE LIMA	1395 BRICKELL AVENUE, 14TH FLOOR	MIAMI, FL 33131
ST	LINDA DE LIMA	1395 BRICKELL AVENUE, 14TH FLOOR	MIAMI, FL 33131

REINSTATEMENT 2013-2014

SELLERS
NOV 10 2014

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 the 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] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: Nov 1/2014 — Daytime Phone #

Audit No. H14000261581 3

Florida Department of State

Division of Corporations

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CORPORATION REINSTATEMENT

ALINDEL, INC.

Certificate of Status	0
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