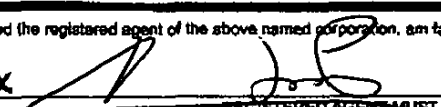


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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 06 APR 11 AM 9:01 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # N03000003658					
1. Corporation Name Organizacion De Liberales Nicaraguenses En los Estados Unidos de America, INC.					
2. Principal Office Address 9463 WEST FLAGLER ST.		3. Mailing Office Address 9463 WEST FLAGLER ST.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State MIAMI, FL.		City & State MIAMI, FL.			
Zip 33174	Country	Zip 33174	Country	4. Date Incorporated or Qualified To Do Business in Florida	
				5. FEI Number ☒ Applied For ☐ Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED ☒ YES ☐ NO	
7. Name and Address of Current Registered Agent					
Name HURTADO CESAR D.D.S.					
Street Address (If Other than Principal Office Not Applicable) 9463 WEST FLAGLER ST.					
Suite, Apt. #, Etc.					
City MIAMI					
State FL					
Zip Code 33174					
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 03/20/2006	
REGISTERED AGENT MUST SIGN					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip		
P	CESAR HURTADO	9463 WEST FLAGLER	MIAMI, FL. 33174		
SEC	BOZA ARMANDO	9135 SW 147TH CT	MIAMI, FL. 33196		
TREA	VELEZ ROGER	12200 SW 118TH TER	MIAMI, FL. 33186		
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 contained in Chapter 119, 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: 				Date 03/20/2006	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone # 305-444-1555	

2 of 2

March 20th, 2006
Miami, Florida

To: Department of State

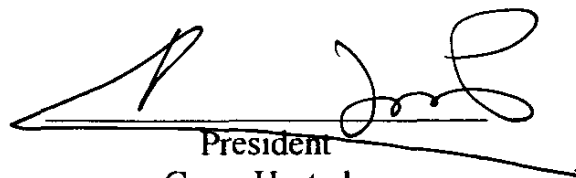
Ref: Reinstatement of a Non Profit Corporation

Dear Sir. Or Madam:

The present letter is to certify that the annual report was not received at all at the mailing address of the corporation, we apologize for not filling the annual report on time. We are sending a check for the amount of \$358.75 for the years that the corporation was not paid and also a check for the amount of \$8.75 as an additional fee for a Certificate Status.

Thank you in advance for your attention to the present matter.

Sincerely Yours;



President
Cesar Hurtado