PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 DEC 13 PM 2:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000016038

1. Corporation Name
Exito Especial Services Inc.

2. Principal Office Address	3. Mailing Office Address
6500 Kendale Lakes DR.	same
Suite, Apt. #, etc.: 101	Suite, Apt. #, etc.
City & State: Miami Fl.	City & State
Zip: 33183 Country: U.S.	Zip Country

REINSTATEMENT GR2E081 (8/05) 03-05

4. Date Incorporated or Qualified To Do Business in Florida: 01 | 19 | 2000

5. FEI Number: 650975965 ☐ 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: Ancizar Betancur

Street Address (P.O. Box Number is Not Acceptable): 6500 Kendale Lakes DR.

600062512546
12/30/05--01055--007 **10.00

Suite, Apt. #, Etc.: 101

City: Miami | State: FL | Zip Code: 33183

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: Ancizar Betancur — Date: 12-12-05
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
PVD	David Andres Betancur	4955 NW. 199 St. LOT441	Miami Fl 33055
STD	Ancizar Betancur	6500 Kendale Lakes DR.	Miami Fl 33183

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: — 12-12-05 — (786) 2905741
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

13 2005

B. Mitchell DEC 13 2005