, PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.		
CORPORATION REINSTATEMENT	ORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 10 FEB 16 PH 3: 38
DOCUMENT # P0000010440  1. Corporation Name		SECRETATO OF MALE
Barcelo fin	e Arrs, Inc.	Xb
4569 NW 7ST.	Mailing Office Address Same	REINSTATEMENT 07-10 MOR
Suite, Apt. #, etc. Suite	e, Apt. #, etc.	4. Date Incorporated or Qualified
	& State	To Do Business in Florida  5. FEI Number Applied For
Miami /Z Zip Country Zip	Country	650985750 Not Applicable
33126 USA	,	CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status
7. Hame and Address of Curre	nt Registered Agent	
Name DIXAM BARCELO		The reinstatement fee is imposed, except in circumstances which the entity did not receive
Street Address (P.O. Box Number is Not Acceptable) 4569 NW 7 ST		the prior notices. By checking this box, you
Suite, Apt. #, Etc.		are certifying the prior notices were not received and requesting the reinstatement
Miami	State Zip Code FL 33126	fee be waived.
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 REGISTERED AGENT MUST SIGN		Date 2-12-10
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	
		T. Migmi FL 33126
1 DIRAL DARC	El04569 NW 75	T. Miami fl 33126
		400169002234 
		52/10/10-01030-002 **100.08
		400169002234 02/18/1001030003 **500.00
		02/14/1001030003 **500.00
40 Logatify that I am an affices or display the	in integer emphasized to avour to this smallestice on a	mulded for in chanter 607 or 617 E.S. I further next to the union filling
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 filling 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	coath.
SIGNATURE:		2-12-10
/ / RIGHATURE AND TYPES OF PRINTER N	IAME OF SIGNING OFFICER OR DIRECTOR	Date Osutimo Phone #