

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
06 SEP 25 PM 3:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000010543

1. Corporation Name

SHETLAND INVESTMENTS, INC.

2. Principal Office Address

1390 Brickell Avenue

3. Mailing Office Address

1390 Brickell Avenue

Suite, Apt. #, etc.

Suite 200

Suite, Apt. #, etc.

Suite 200

City & State

Miami, FL

City & State

Miami, FL

Zip

33131

Country

US

Zip

33131

Country

US

4. Date Incorporated or Qualified  
To Do Business in Florida

01/25/2000

5. FEI Number

65-1074354

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 02-06

7. Name and Address of Current Registered Agent

Name

Alvaro Castillo B., P.A.

Street Address (P.O. Box Number is Not Acceptable)

1390 Brickell Avenue

Suite, Apt. #, Etc.

Suite 200

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

Date 9-15-06

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
D/P	Jorge Luis Murina	1390 Brickell Ave., Suite 200	Miami, FL 33131
D/V/S	Daniel Alberto Murina	1390 Brickell Ave., Suite 200	Miami, FL 33131
D/V/T	Nicolas Adriel Murina	1390 Brickell Ave., Suite 200	Miami, FL 33131

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/17/06

Date

(305) 371-5540

Daytime Phone #