

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 AUG -4 PM 2:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000013772

1. Corporation Name

CACTUS INVESTMENT CORP.

2. Principal Office Address

2307 DOUGLAS ROAD

Suite, Apt. #, etc.

SUITE 400

City & State

MIAMI, FLORIDA

Zip

33145

Country

USA

3. Mailing Office Address

1901 BRICKELL AV.

Suite, Apt. #, etc.

SUITE 2301B

City & State

MIAMI, FLORIDA

Zip

33129

Country

USA

REINSTATEMENT 04-06

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

FEB. 03rd 2000

5. FEI Number

65-0979643

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

LUCIA SAURA

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

1901 BRICKELL AV.

Suite, Apt. #, Etc.

SUITE 2301B

City

MIAMI

State

FL

Zip Code

33129

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 JULY 31ST, 2006

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
MR.	ANTONIO SAURA	2307 DOUGLAS ROAD STE. 400	MIAMI, FL 33145
MR.	JORGE SAURA	2307 DOUGLAS ROAD STE. 400	MIAMI, FL 33145
MRS.	LUCIA SAURA	2307 DOUGLAS ROAD STE. 400	MIAMI, FL 33145

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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

LUCIA SAURA

Date

JULY 31ST, 2006 786.395.9879

Daytime Phone #