PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 MAR 24 AM 10:55

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000031097

1. Corporation Name

PERTIN, INC.

REINSTATEMENT 01-05

2. Principal Office Address	**3.** Mailing Office Address
721 Biltmore Way	8360 W. Flagler Street
Suite, Apt. #, etc.: Suite 402	Suite, Apt. #, etc.: Suite 200
City & State: Coral Gables, Florida	City & State: Miami, Florida
Zip: 33134 Country: USA	Zip: 33144 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 3/27/00

5. FEI Number: 30-0081900 ☐ 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

200049338895
03/29/05--01014--017 **7.00

Name: Luis O. Rios

200049338895
03/29/05--01014--016 **8.75

Street Address (P.O. Box Number is Not Acceptable): 8360 W. Flagler Street

Suite, Apt. #, Etc.: Suite 200

City	State	Zip Code
Miami	FL	33144

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 3/22/2005

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	Alicia V. De Encalada	721 Biltmore Way, Suite 402	Coral Gables, FL 33134
D	Jorge Encalada	721 Biltmore Way, Suite 402	Coral Gables, FL 33134
D	Alicia Encalada	721 Biltmore Way, Suite 402	Coral Gables, FL 33134
D	Jorge I. Encalada	721 Biltmore Way, Suite 402	Coral Gables, FL 33134
D	Carlos Encalada	721 Biltmore Way, Suite 402	Coral Gables, FL 33134

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 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: Alicia V. de Encalada. 3/22/05 305-004-7229

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #