FAX AUDIT No. H03000075493 6

FILED
03 MAR 10 AM 9:14
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000031616

1. Corporation Name
Caesuvest, Inc.

2. Principal Office Address	3. Mailing Office Address
10331 Coral Way	10331 Coral Way
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, FL	City & State: Miami, FL
Zip: 33165 Country: USA	Zip: 33131 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 03/28/2000

5. FEI Number: ✓ 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: Albert J. Xiques, Esq.

Street Address (P.O. Box Number is Not Acceptable): 101 Madeira Avenue

Suite, Apt. #, Etc.:

City: Coral Gables State: FL Zip Code: 33134

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 03/10/2003

REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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
PD	Guillermo Hernandez Roura	10331 Coral Way	Miami, FL 33165
S	Albert J. Xiques, Esq.	101 Madeira Avenue	Coral Gables, FL 33134

REINSTATEMENT 02-03 TS

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: _____ ALBERT J. XIQUES, SOLO 3/10/03 3853771000

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

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Florida Department of State

Division of Corporations

Public Access System

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(((H03000075493 4)))

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To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : ALBERT J. XIQUES, ESQ.
Account Number : 110166000015
Phone : (305)377-1000
Fax Number : (305)675-2262

CORPORATION REINSTATEMENT

CAESUVEST, INC.

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	$1,058.75