
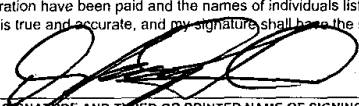


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 01 DEC 12 AM 9:36 SECRETARY OF STATE TALLAHASSEE, FLORIDA																									
DOCUMENT # P00000051142																													
1. Corporation Name CHAMIS, INC.																													
2. Principal Office Address 1390 Brickell Avenue Suite, Apt. #, etc. Suite 200 City & State Miami, Florida Zip 33131 Country USA		3. Mailing Office Address 1390 Brickell Avenue Suite, Apt. #, etc. Suite 200 City & State Miami, Florida Zip 33131 Country USA		4. Date Incorporated or Qualified To Do Business in Florida 5/24/2000																									
				5. FEI Number 65-1011840 Applied For Not Applicable																									
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$9.75 Additional Fee required for a Certificate of Status																									
7. Name and Address of Current Registered Agent																													
Name Alvaro Castillo B.																													
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 12-10-01																													
REGISTERED AGENT MUST SIGN																													
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)																													
<table border="1"><thead><tr><th>Titles</th><th>Name of Officers and/or Directors</th><th>Street Address of Each Officer and/or Director</th><th>City / State / Zip</th></tr></thead><tbody><tr><td>D</td><td>Duran, Javier Guerra</td><td>1390 Brickell Avenue, #200</td><td>Miami, Florida 33131</td></tr><tr><td>D</td><td>Arana Torruco, Paola</td><td>1390 Brickell Avenue, #200</td><td>Miami, Florida 33131</td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></tbody></table>						Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	D	Duran, Javier Guerra	1390 Brickell Avenue, #200	Miami, Florida 33131	D	Arana Torruco, Paola	1390 Brickell Avenue, #200	Miami, Florida 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 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:  Javier Guerra Duran 12-10-01 (305) 371-5540 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Director Date Daytime Phone #																													