PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	07 MAR 19 PH 12: 57	
DOCUMENT # P00000053170 1. Corporation Name		CHALARY OF STATE CLAHASSEE, FLORIDA	
ANTOROS CORPORATION		500095805865 04/04/0701040006 **750.00	
2. Principal Office Address · No P.O. Box # 2600 Douglas Rd.	3. Mailing Office Address 2600 Douglas Rd.	CR2E081 (1/07)	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. Date Incorporated or Qualified	
Suite 1100 City & State	Suite 1100 City & State	To Do Business in Florida 06/01/2000	
Coral Gables, FL	Coral GAbles, FL	5. FEI Number Applied For Not Applicable	
Zip Country USA	Zip Country 33134 USA	6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
JORGE L. GURIAN		The reinstatement fee is imposed, except in	
Street Address (P.O. Box Number is Not Acceptable)		 circumstances which the entity did not receive the prior notices. By checking this box, you 	
2600 Douglas Rd. Suite, Apt. #, Etc.		are certifying the prior notices were not	
Suite 1100		received and requesting the reinstatement fee be waived.	
Coral Gables	State Zip Code FL 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 REGISTERED AGENT MUST SIGN		Date 03/15/07	
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 Eac Officer and/or Directo	h City (State (7)-	
PD Antonio Iannicell	<u></u>	Coral Gables, FL 33134	
SD Roselia Lopez de	2600 Douglas Rd. Iannicelli Suite 110	Coral Gables, FL 33134	
SD Giovanna Iannicel	2600 Douglag Bo		
SD Victor S. Iannic	celli 2600 Douglas Ro	Coral Gables, FL 33134	
SD Rosa K. Iannicel	2600 Douglas RD Suite 1100	Coral Gables, FL 33134	
SD Antonio J. Ianni	2600 Douglas Rd celli Suite 1100	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 filling 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: Delto 3/15/07 305-279-401			

JC 3/22