PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAR 12 PM 4:06

DOCUMENT # P00000073181

1. Corporation Name

PULY INVESTMENT, INC.

REINSTATEMENT 01-02

| 2. Principal Office Address | 3. Mailing Office Address |
|---|---|
| 2665 S. Bayshore Dr. | 2665 S. Bayshore Dr. |
| Suite, Apt. #, etc. Suite 1001 | Suite, Apt. #, etc. Suite 1001 |
| City & State Coconut Grove, FL | City & State Coconut Grove, FL |
| Zip 33133 / Country U.S.A. | Zip 33133 / Country U.S.A. |

4. Date Incorporated or Qualified To Do Business in Florida: 08/01/2000

5. FEI Number: 65-6354406 ☐ 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: Eberto A. Virier

Street Address (P.O. Box Number is Not Acceptable): Hibou Management, Inc., 2665 South Bayshore Drive

Suite, Apt. #, Etc.: Suite 1001

City: Coconut Grove | State: FL | Zip Code: 33133

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: EG Vir — REGISTERED AGENT MUST SIGN — Date: 3/12/2002

CR2E036 (1/91)

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 |
|---|---|---|---|
| DST | Eberto A. Virier | 2665 S. Bayshore Dr. | Coconut Grove, FL 33133 |
| DP | Amadeo Nicolas Juncadella | 2665 S. Bayshore Dr. | Coconut Grove, FL 33133 |
| | | | |
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3/12

10. I certify that I am an officer or director of 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: EG Vir — Eberto A. Virier — 3/12/2002 — Ph.#: (305) 250-9939

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

Katherine Harris, Secretary of State

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To: FLORIDA DEPARTMENT OF STATE
Division of Corporations
Fax Number : (850)205-0384

From: DIANA M. GUERRA, Legal Assistant C/M 28384-125218
Account Name : AKERMAN, SENTERFITT & EIDSON, P.A.
Account Number : 075471001363
Phone : (305)374-5600
Fax Number : (305)374-5095

# CORPORATION REINSTATEMENT

## PULY INVESTMENT, INC.

| | |
|---|---|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | $900.00 |