

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 19 PM 3:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000080878

1. Corporation Name

CLARO INVESTMENT COMPANY

2. Principal Office Address

c/o Galvez-Priego Urdaneta

3. Mailing Office Address

c/o Galvez-Priego Urdaneta

Suite, Apt. #, etc.

Fifth Floor

Suite, Apt. #, etc.

Fifth Floor

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33131

Country

USA

Zip

33131

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

08/22/2000

5. FEI Number

65-1038808

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03

7. Name and Address of Current Registered Agent

Name

Jorge Galvez-Priego, Esq.

Street Address (P.O. Box Number is Not Acceptable)

888 Brickell Ave. 5th Floor

Suite, Apt. #, Etc.

5th Floor

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 11/14/2003

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	ROSSI GAROFALO, LUISA	888 Brickell Ave., 5th FL	Miami, FL 33131
D	ROSSI GAROFALO, ROSA	888 Brickell Ave., 5th FL	Miami, FL 33131
D	ROSSI GAROFALO, LUIS	888 Brickell Ave., 5th FL	Miami, FL 33131

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:

ROSSI GAROFALO, LUIS

11/17/2003 (305)358-0028

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)