PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 DEC 19 AM 9:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000000212

1. Corporation Name

IVANORO CORPORATION

Principal Place of Business	Mailing Address
~~1228 PLACETA~~ ~~CORAL GABLES FL 33146~~	~~1228 PLACETA~~ ~~CORAL GABLES FL 33146~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
2601 So. BAYSHORE DR.	2601 So. BAYSHORE DR.
Suite, Apt. #, etc.: SUITE 1400	Suite, Apt. #, etc.: SUITE 1400
City & State: MIAMI, FLORIDA	City & State: MIAMI, FLORIDA
Zip: 33133 Country: U.S.A.	Zip: 33133 Country: U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida: 12/22/2000

5. FEI Number: 65-1067892 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PDST	ORELLANA, IVAN	1228 PLACETA	CORAL GABLES FL 33146
VP	DURAN, ALFREDO G	2601 S BAYSHORE DR S-1400	MIAMI FL 33133
VSD	SANTAELLA, FLAVIA	1228 PLACETA	CORAL GABLES FL 33146

300009581703
12/18/02--01062--006 **650.00

08/19/02 90145 011 $150.00

8. Name and Address of Current Registered Agent

DURAN, ALFREDO G
2601 S BAYSHORE DR, SUITE 1400
MIAMI FL 33133

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City | State: FL | Zip Code

CR2E040 (8/02)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent: SIGNATURE REQUIRED — Date: 12-12-02
REGISTERED AGENT MUST SIGN

11. 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: SIGNATURE REQUIRED — IVAN ORELLANA PRESIDENT — 12/02/02 — (305) 859-2696
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #