PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

11 FEB 21 PM 12:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING CANCELLED
RETURNED CHECK

DOCUMENT # P01000011054

1. Corporation Name

CORZO INVESTMENTS CORPORATION

200195392852
02/21/11--01006--012 **1200.00

CR2E081 (6/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1801 CORAL WAY	1801 CORAL WAY
Suite, Apt. #, etc.: 310A	Suite, Apt. #, etc.: 310A
City & State: MIAMI, FLORIDA	City & State: MIAMI FLORIDA
Zip: 33145 Country: U.S.A.	Zip: 33145 Country: U.S.A.

4. Date Incorporated or Qualified To Do Business In Florida: 01-30-2001

5. FEI Number: 65-1156829 ☐ 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: MAXIMO F. CORZO

Street Address (P.O. Box Number is Not Acceptable): 1801 CORAL WAY

Suite, Apt. #, Etc.: 310A

City: MIAMI State: FL Zip Code: 33145

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 FEB 16, 2011

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
P	MAXIMO F. CORZO	1801 CORAL WAY SUITE 310A	MIAMI FL 33145
VP	ADRIANA DIAZ	1801 CORAL WAY Suite 310A	MIAMI FL 33145

B2/21/11

REINSTATEMENT 08-11

10. E-mail Address: maxf.corzo@gmail.com
(To be used for future annual report notification)

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. I further certify 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: _____ 02-16-2011

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #