PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

DOCUMENT # 70 1000 32 VOO 1. Corporation Name ROINFORST Lands COPING Service, COP. 2. Principal Office Address II-431 NW 76 teW II-407 NW 76 teW Suite, Apt. #, etc. 4. Date incorporated or Qualified To Do Business in Florida 3/29/01 City & State DOYGL - FL DOYGL - FL Zip 33178 Country Zip Country Jip Country Country Jip Country Site Address of Current Registered Agent Name Ricard D Bianch Street Address (P.O. Box Number is Not Acceptable) IV31 NW 76 teW Suite, Apt. #, Etc. 1. Applied Fr Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. 1. State Zip Code FL State Zip Code	CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 05 JUN 29 PM 1: 14
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Name Ricard Bianch Street Address (P.O. Box Number is Not Acceptable) 11431 NW 76 FeW. Sulte, Apt. #, Etc. 106/29/10501059002 **1030.00 City DOYCL State Zip Code 33178 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 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 City / State / Zip		1 2 2 1 1	CEDITIENCATE OF STATUS DESIDED 30.13 Additional Page 183 diles
Street Address (P.O. Box Number is Not Acceptable) 1431 Now 76 Hew. Suite, Apt. #, Etc. 106/29/10501059002 **1031.00 8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0503 or 617.0503, F.S. Signature of Registered Agent X 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 Officers and/or Directors Officer and/or Director (City / State / Zip	Nama	7. Name and Address of Current Register	red Agent
Suite, Apt. #, Etc. City DOY CL State FL State State	Ricardo		
Suite, Apt. #, Etc. DOY CL State Zip Code FL 331 8 State Size Size Size 331 8 State Size S			900056710879
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10. I certify that I am an officer or director or the receiver of 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			