CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY -6 AM 7: 58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PO1D00039537

1. Corporation Name

LANK INVESTOR, CORP.

2. Principal Office Address
9551 BAHAMA DRIVE

Suite, Apt. #, etc.

3. Mailing Office Address
9551 BAHAMA DRIVE

Suite, Apt. #, etc.

City & State *MIAMI, FL*

City & State *MIAMI. FL*

REINSTATEMENT 03-04

4. Date Incorporated or Qualified To Do Business in Florida *04-19-2001*

Zip *33189* | Country *U.S.A.* | Zip *33189* | Country *USA*

5. FEI Number *651093307* | 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 *Mario Molina*

Street Address (P.O. Box Number is Not Acceptable) *9551 BAHAMA DRIVE*

Suite, Apt. #, Etc.

800035557548
05/06/04--01022--001 **900.00

City *Miami. FL.* | State **FL** | Zip Code *33189*

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

Date *04-28-04*

CR2E081 (10/02)

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	*Mario Molina*	*9551 Bahama Dr*	*Miami FL. 33189*

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-28-04 *305-259-7334*
Date   Daytime Phone #