PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 03 MAR 31 AM 10: 20 SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P 01000043403

1. Corporation Name

OLDSTONES MIAMI, Corp.

2. Principal Office Address
8282 NW South River Dr

Suite, Apt. #, etc.

City & State
Miami, Fl

Zip 33166 | Country USA

3. Mailing Office Address
4970 NW 102 Av.

Suite, Apt. #, etc.
Apto 203

City & State
Miami, Fl

Zip 33178 | Country USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number
65-1112061

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
EGURBIDE, MIREN NEKANE

Street Address (P.O. Box Number is Not Acceptable)
4970 NW 102 Av.

Suite, Apt. #, Etc.
Apto. 203

City
Miami

State FL | Zip Code 33178

600014691416
03/25/03--01082--001 **150.00

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 03/24/03

CRZE081 (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	Thomas, Eden	4970 NW 102 Av Apto. 203	Miami, Fl 33178

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

03/24/03 . (305) 592 1506
Date   Daytime Phone #