1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 OCT 14 PM 12:01

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DOCUMENT # P01000049929

1. Corporation Name

Wales Holding Corp. Inc.

REINSTATEMENT 2002

2. Principal Office Address	**3.** Mailing Office Address
3555 Biscayne Blvd	Same
Suite, Apt. #, etc. 403	Suite, Apt. #, etc.
City & State Miami FL	City & State
Zip 33137 Country USA	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 5/18/2001

5. FEI Number ☑ 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: Brito and Brito Co. Inc

Street Address (P.O. Box Number is Not Acceptable): 405 Lincoln Rd.

Suite, Apt. #, Etc.: Suite 300

City: Miami Beach State: FL Zip Code: 33139

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: [signature] Date: 10/9/02

REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

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
Pres.	Raoul Cintli	3555 Biscayne Blvd	Miami FL 33137
V.P	Jeff Shamah	→	3541 Flamingo Dr. MB 33140

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] 10-11-02 305 438-9801

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

10/15/02