PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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| CORPORATION REINSTATEMENT | FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS | FILED 07 MAR 16 AM 10: 40 |
| DOCUMENT# POLOG | 0054050 | FALL AMASSEE, FLORIDA |
| 1. Corporation Name | | THE AMADOLE, PLOKINA |
| Metview, Inc | | |
| | | |
| 2. Principal Office Address - No P.O. Box # | 3. Mailing Office Address | REINSTATEMENT 04-07 |
| RIOD NW 53/9 TEXR. | 8600 HW 53rd TERR | CR2E081 (1/07) |
| Suite, Aat. #, etc. | Suite, Apt. #, etc. | |
| Suite 101 | Suite 101 | 4. Date Incorporated or Qualified To Do Business in Florida |
| City & State | City & State | 5. FEI Number Applied For |
| Zip Country | Hianite | 05-1154714 Not Applicable |
| 33166 USA | 33166 USA | CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status |
| 7. Name and Address o | of Current Registered Agent | |
| Maritza Rodeinez | | The reinstatement fee is imposed, except in |
| Street Address (P.O. Box Number is Not Acceptable) | | circumstances which the entity did not receive the prior notices. By checking this box, you |
| Suite Apt. #, Etc. | | are certifying the prior notices were not received and requesting the reinstatement |
| Stute 101 | | fee be waived. |
| Han F | State Zip Code FL 33(少し | , |
| 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 Mark Lady Date 3/9/07 | | |
| Registered Agent Date Date | | |
| 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 Ea Officer and/or Direct | |
| DP Marcos Haldona | Surte 101 | Man, F2 33166 |
| D Fernando Maldonado 8600 NW 53rd TERR. Miani Fz 33166 | | |
| D Juan Carlos Male | durado 8000 mm 5300 | TERR Many FL 33166 |
| S Maritra Roda | 1642 8600 NW 537 | Miani, F. 33/66 |
| | 0 101 | 000095808200 |
| | 3/3/20 | 04/04/0701043008 ** 600.00 |
| , <u>'</u> | | |
| 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 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 contained in Chapter 119, 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: Mathe Marked Not Printed NAME OF SIGNATURE AND THE DAY OF PRINTED NAME OF SIGNATURE OF DESCRIPTION DELEGATION DELEGATION DELEGATION DE DESCRIPTION DE DESCRIPTION DE DESCRIPTION DE LA DESCRIPTION DESCRIPTION DE LA DESC | | |