PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION [redacted]

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 SEP -3 AM 11:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000054679

1. Corporation Name

A & R Connection, Corp.

900007849509--1
-09/19/02--01055--012
****550.00 ****550.00

2. Principal Office Address	**3.** Mailing Office Address
7880 Grand Canal Dr.	7880 Grand Canal Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Miami, FL.	Miami, Florida
Zip / Country	Zip / Country
33144 / USA	33144 / USA.

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 65-1110645 ☐ 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: Adriana Amaya

Street Address (P.O. Box Number is Not Acceptable): 7880 Grand Canal Dr.

Suite, Apt. #, Etc.:

City: Miami | State: FL | Zip Code: 33144

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: Adriana Amaya (REGISTERED AGENT MUST SIGN) Date: 08-28-02

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	Adriana M. Amaya	7880 Grand Canal Dr.	Miami, FL., 33144
V	José Restrepo	7880 Grand Canal Dr.	Miami, FL., 33144
			02 UBR
			[redacted]

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: Adriana Amaya 08-28-02 (305) 266 7373.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #