

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
APR 26 PM 3:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000058496

1. Corporation Name

New Harbour Investment Corp.

2. Principal Office Address

5440 N. State Road 7

Suite, Apt. #, etc.

Suite 221

City & State

Ft Lauderdale, Florida

Zip

33319

Country

USA.

3. Mailing Office Address

5440 N. State Road 7

Suite, Apt. #, etc.

Suite 218

City & State

Ft Lauderdale, FL

Zip

33319

Country

USA

000033959930

04/26/04--01060--003 **900.00

REINSTATEMENT 03 - 04

4. Date Incorporated or Qualified
To Do Business in Florida

06/08/2001

5. FEI Number

651121492

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

Juan Carlos Dominguez

Street Address (P.O. Box Number is Not Acceptable)

16159 Laurel Dr

Suite, Apt. #, Etc.

City

Weston

State

FL

Zip Code

33326

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]

REGISTERED AGENT MUST SIGN

Date 04/20/04

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	Saenz, Jaime A	3600 Van Buren St, Ap 202	Hollywood, FL, 33021
VP	Vieira de Saenz Mario C	3600 Van Buren St, Ap 202	Hollywood, FL, 33021

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]

JAIME SAENZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/20/04

Date

1-954-3226018

Daytime Phone #