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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

03 JUN 16 AM 9:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

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

DOCUMENT # P01000066715

1. Corporation Name
AVENUE 8 ST, INC.

REINSTATEMENT 0203

2. Principal Office Address	3. Mailing Office Address
4195 SW 60 PLACE	4195 SW 60 PLACE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI FL	City & State: MIAMI FL
Zip: 33155 County:	Zip: 33155 County:

4. Date Incorporated or Qualified To Do Business in Florida: 02/06/01

5. FEI Number: 65-1138325 — 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: OLINDA PEREZ

Street Address (P.O. Box Number is Not Acceptable): 4195 SW 60 PLACE

Suite, Apt. #, Etc:

City: MIAMI State: FL Zip Code: 33155

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: 6/18/03

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (If...no 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.	OLINDA PEREZ	4195 SW 60 PLACE	MIAMI FL 33155

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 complies 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 the 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: OLINDA PEREZ [signature] 6/13/03 305-216-1970

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

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Florida Department of State
Division of Corporations
Public Access System

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To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : PAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

CORPORATION REINSTATEMENT

AVENUE B ST, INC.

Alexis Agreda

Certificate of Status	0
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