


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 JUN -9 PM 1:02

DOCUMENT # P01000075777

1. Corporation Name
LAYKA Investments Corporation

SECRETARY OF STATE
CORPORATION SERVICES, FLORIDA

800056403078
06/21/05--01066--002 **300.00

800056403078
06/21/05--01066--001 **600.00

2. Principal Office Address
150 Alhambra Circle

3. Mailing Office Address

Suite, Apt. #, etc.
1240

Suite, Apt. #, etc.

City & State
Coral Gables, FL

City & State

Zip
33134

Country
USA

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida
08-01-2001

5. FEI Number
752990242

Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED SR 75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Jorge A. FERNANDEZ

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

Suite, Apt. #, Etc.
Suite 1240

City
Coral Gables

State
FL

Zip Code
33134

04-05

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0509 or 617.0503, F.S.

Signature of Registered Agent
[Signature]

REGISTERED AGENT MUST SIGN

Date
6/01/05

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
S	Jorge A. FERNANDEZ	150 Alhambra Circle #1240	Coral Gables FL 33134

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)(f), 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]* **Jorge A. FERNANDEZ** **6/01/05** **305-446-1331**

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

[Handwritten initials]