

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P01000075777

1. Corporation Name

LAYKA INVESTMENTS CORPORATION

2. Principal Office Address - No P.O. Box #  
2801 PONCE DE LEON

3. Mailing Office Address  
POBA INTERNATIONAL

Suite, Apt. #, etc.  
SUITE 1000

Suite, Apt. #, etc.  
PO BOX 02-5255

City & State  
CORAL GABLES, FLORIDA

City & State  
MIAMI, FLORIDA

Zip Country  
33134 UNITED STATES

Zip Country  
33102 UNITED STATES

7. Name and Address of Current Registered Agent

Name  
IAG CORPORATE SERVICES, INC.

Street Address (P.O. Box Number is Not Acceptable)  
601 BRICKELL KEY DRIVE

Suite, Apt. # Etc.  
SUITE 507

City State Zip Code  
MIAMI FL 33131

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number  
75-2990242

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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]*  
IAG CORPORATE SERVICES, INC.  
REGISTERED AGENT MUST SIGN

Date  
12/16/07

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
D/P	OSWALDO YEPES	2801 PONCE DE LEON, SUITE 1000	CORAL GABLES, FLORIDA 33134
D/P	LIZBETH ELENA CORBO DE YEPES	2801 PONCE DE LEON, SUITE 1000	CORAL GABLES, FLORIDA 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 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: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date  
12-16-07  
IAN O J 2007

DEC 28 PM 2:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 06-07

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