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CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JUL 13 AM 11:42
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P01000089610

1. Corporation Name
SHEDEVER CORPORATION

REINSTATEMENT 02-04

2. Principal Office Address	3. Mailing Office Address
232 Andalusia Avenue	232 Andalusia Avenue
Suite, Apt. #, etc. Suite 202	Suite, Apt. #, etc. Suite 202
City & State Coral Gables, FL	City & State Coral Gables, FL
Zip 33134 Country U.S.	Zip 33134 Country U.S.

4. Date Incorporated or Qualified To Do Business in Florida 9/12/2001

5. FEI Number 65-1136763 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ ($8.75 Additional Fee required for Certificate of Status)

7. Name and Address of Current Registered Agent

Name: GALEGO & FUENTES
200038017742 06/16/04--01051--003 **24.35

Street Address (P.O. Box Number is Not Acceptable): 232 ANDALUSIA AVENUE
200038017742 06/16/04--01051--001 **35.40

Suite, Apt. #, Etc.: Suite 202
200038017742 06/16/04--01051--002 **8.75

City: Coral Gables State: FL Zip Code: 33134

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 _____ Date _____
REGISTERED AGENT MUST SIGN

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
PD	RICHARD T. ROMER	232 ANDALUSIA AVENUE SUITE 202	CORAL GABLES, FL 33134
SD	LUZ E. ROMER	232 ANDALUSIA AVENUE SUITE 202	CORAL GABLES, FL 33134
D	ESTEBAN ARISTIZABAL	232 ANDALUSIA AVENUE SUITE 202	CORAL GABLES, FL 33134
AS	NORA GALEGO	232 ANDALUSIA AVENUE SUITE 202	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)(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: _____ 6/10/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #