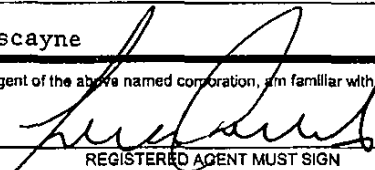
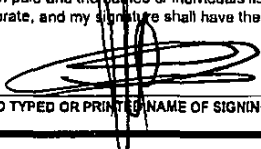


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P01000096021			
1. Corporation Name La Parva Investments Inc.			
2. Principal Office Address 765 Crandon Blvd		3. Mailing Office Address 765 Crandon Blvd	
Suite, Apt. #, etc. Apt 312		Suite, Apt. #, etc. Apt 312	
City & State Key Biscayne		City & State Key Biscayne	
Zip 33149	Country USA	Zip 33149	Country USA
4. Date Incorporated or Qualified To Do Business in Florida 10/02/2001		5. FEI Number 65-1146767	
		Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED ☒		\$6.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name Lizbeth F. Calvo			
Street Address (P.O. Box Number is Not Acceptable) 328 Crandon Blvd			
Suite, Apt. #, Etc. Suite 226			
City Key Biscayne		State FL	Zip Code 33149
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 03-02-08	
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
D	Jorge Welch	765 Crandon Blvd, Apt 312	Key Biscayne, FL 33149
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 611, 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)(j), 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: 		03-11-05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

T. Roberts APR 07 2008