PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 APR -4 PM 12:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000096021

1. Corporation Name
La Parva Investments Inc.

REINSTATEMENT 03-05

2. Principal Office Address	3. Mailing Office Address
765 Crandon Blvd	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 ☒ $8.75 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 03-02-05
REGISTERED AGENT MUST SIGN

CR2E081 (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
D	Jorge Welch	765 Crandon Blvd, Apt 312	Key Biscayne, FL 33149

300050751033
04/14/05--01015--017 **450.00

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: _____ 03-11-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

T. Roberts APR 07 2005