

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

09 APR 13 PM 2:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P01000110037*

1. Corporation Name

EASTERN HEMISPHERE INVESTORS, INC.

2. Principal Office Address - No P.O. Box #

8360 W. FLAGLER ST

3. Mailing Office Address

8360 W. FLAGLER ST

Suite, Apt. #, etc.

200

Suite, Apt. #, etc.

200

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33144

Country

USA

Zip

33144

Country

USA

7. Name and Address of Current Registered Agent

Name

LIMA, RIOS & MARRERO, P.A.

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

8360 W. FLAGLER ST

Suite, Apt. #, Etc.

200

City

MIAMI

State
FL

Zip Code

33144

600149709036
04/13/09--01043--004 **\$600.00

REINSTATEMENT 06-09

4. Date Incorporated or Qualified
To Do Business in Florida

11/16/2001

5. FEI Number

01-0676894

Applied For

Not Applicable

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]

REGISTERED AGENT MUST SIGN

Date *04/09/2009*

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
<i>P/D</i>	<i>SAMPEDRO MANSUR, DARIO G.</i>	<i>8360 W. FLAGLER ST STE. 200</i>	<i>MIAMI, FL 33144</i>

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

04/09/2009

Date

(305) 554-7229

Daytime Phone #