


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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FILED

03 JUN -9 AM 10:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000115123

1. Corporation Name

EAST WEST, CORP.

2. Principal Office Address

3 S. Pine Island rd.

Suite, Apt. #, etc.

410

City & State

Plantation

Zip

33324

Country

U.S.A.

3. Mailing Office Address

3 S. Pine Island rd.

Suite, Apt. #, etc.

410

City & State

Plantation

Zip

33324

Country

U.S.A.

700020688007

06/09/03--01083--021 **150.00

4. Date Incorporated or Qualified
To Do Business in Florida

Dec. 05 2001

5. FEI Number

65-1157948

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

Jorge Yvan Horna

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

3 S. Pine Island rd.

Suite, Apt. #, Etc.

410

City

Plantation

State
FL

Zip Code
33324

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

REGISTERED AGENT MUST SIGN

Date 06/04/03

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
P	Maria Pia Roccatagliata	6771 S.W. 55 ST.	Miami FL 33155
V.P.	Jorge Yvan Homa	3 S. Pine Island rd.	Plantation FL 33324

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JORGE Y. HORNA

Date

06/04/03 (954) 347-4436

Daytime Phone #

CR20081 (10/02)

9/6/00