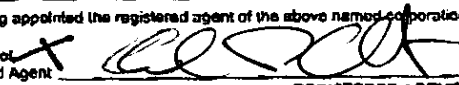


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS		FILED 02 OCT 18 AM 11:43 SECRETARY OF STATE TALLAHASSEE, FLORIDA																													
DOCUMENT # P01000120230 1. Corporation Name BWS HOLDING COMPANY																																	
2. Principal Office Address 14532 SW 129th St. Suite, Apt. #, etc. Suite 9-2 City & State Miami, Florida Zip 33186		3. Mailing Office Address 7242 SW 42nd Terrace Suite, Apt. #, etc. City & State Miami, Florida Zip 33155		4. Date Incorporated or Qualified To Do Business in Florida 12/20/01 5. FEI Number ☒ 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 Noah Otalvaro Street Address (P.O. Box Number is Not Acceptable) 7242 SW 42nd Terrace Suite, Apt. #, Etc. City Miami State FL Zip Code 33155																																	
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 10/17/02 Noah Otalvaro, REGISTERED AGENT MUST SIGN																																	
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Titles</th> <th>Name of Officers and/or Directors</th> <th>Street Address of Each Officer and/or Director</th> <th>City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>D/P</td> <td>Otalvaro, Noah</td> <td>7242 SW 42nd Terrace</td> <td>Miami, FL 33155</td> </tr> <tr> <td>D/S</td> <td>Otalvaro, Francisco</td> <td>7242 SW 42nd Terrace</td> <td>Miami, FL 33155</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>						Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	D/P	Otalvaro, Noah	7242 SW 42nd Terrace	Miami, FL 33155	D/S	Otalvaro, Francisco	7242 SW 42nd Terrace	Miami, FL 33155																
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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:  Date 10/17/02 305 266-3517 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Noah Otalvaro, President																																	

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