PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 MAR 13 PM 3:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000014147

1. Corporation Name

KIYU CORPORATION

REINSTATEMENT 03-06

CR2E081 (12/05)

2. Principal Office Address	3. Mailing Office Address
1390 Brickell Avenue	1390 Brickell Avenue
Suite, Apt. #, etc.: Suite 200	Suite, Apt. #, etc.: Suite 200
City & State: Miami, Florida	City & State: Miami, Florida
Zip: 33131 Country: US	Zip: 33131 Country: US

4. Date Incorporated or Qualified To Do Business in Florida: 02/06/2002

5. FEI Number: 01-0603966 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Alvaro Castillo B., P.A.

Street Address (P.O. Box Number is Not Acceptable): 1390 Brickell Avenue

Suite, Apt. #, Etc.: Suite 200

City: Miami State: FL Zip Code: 33131

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 3-7-06

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	Manuel Gutierrez Ruiz	1390 Brickell Ave.,#200	Miami, FL 33131
D	Nelida Judith Sanchez de Gutierrez	1390 Brickell Ave.,#200	Miami, FL 33131
D	Francisco J. Gutierrez Sanchez	1390 Brickell Ave., #200	Miami, FL 33131
D	Manuel F. Gutierrez Sanchez	1390 Brickell Ave., #200	Miami, FL 33131
D	Nelida Thaydi Gutierrez Sanchez	1390 Brickell Ave., #200	Miami, FL 33131

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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 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: Manuel Gutierrez Ruiz 02-25-2006 11 AM 0058414722520S

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #