PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 | 2

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

ADDRESS CHANGE AND FILED

05 DEC 27 AM 10:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000019919

1. Corporation Name: ALLIED CAPITAL INVESTMENTS, INC

REINSTATEMENT 04-05

2. Principal Office Address	**3.** Mailing Office Address
1041 IVES DAIRY	1041 IVES DAIRY
Suite, Apt. #, etc. Rd.	Suite, Apt. #, etc. Rd.
City & State FL	City & State FL
Zip 33179 Country DADE	Zip 33179 Country DADE

4. Date Incorporated or Qualified To Do Business in Florida: 02/21/02

5. FEI Number: 510463819 ☐ 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: LAWRENCE PUPICH

Street Address (P.O. Box Number is Not Acceptable): 1041 IVES DAIRY Rd.

Suite, Apt. #, Etc.:

City: MIAMI State: FL Zip Code: 33179

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: L Pupich Date:

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
P	LAWRENCE PUPICH	1041 IVES DAIRY Rd.	MIAMI FL 33179

000003312885
01/10/06--01035--007 **300.00

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: L Pupich

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

K. Eckel DEC 27 2005

Allied Capital
INVESTMENTS, INC.
10411 IVES DAIRY R'D.
MIAMI FL 33179

Dec 23. 2005

DIVISION OF CORPORATION
UNIFORM BUSINESS REPORT
P.O. BOX 1500
TALLAHASSEE, FL 32302-1500

Gentlemen:

This letter is to inform you that we never recieved the original forms for annual report to be filed before May 1st 2004, 2005 and neither the note of dissolution, because we where traveling in & out of Miami for business purposes and most of our correspondence were lost in the mail. We would appreciate it very much if you accept our check in the amount of $300.00 as payment for the corporation

Thank you

Sincerely yours