

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

11/2

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
05 APR 27 AM 9:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # *P02000047938*

1. Corporation Name

*Inversiones Londres Inc*

2. Principal Office Address

*16900 N Bay Rd*

Suite, Apt. #, etc.

*1802*

City & State

*Sunny Isles, FL*

Zip

*33160*

Country

*USA*

3. Mailing Office Address

*16900 N. Bay Rd*

Suite, Apt. #, etc.

*1802*

City & State

*Sunny Isles, FL*

Zip

*33160*

Country

*USA*

**REINSTATEMENT**

*03-05*

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

*20-2657013*

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

*Felipe Dager*

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

*16900 N Bay Rd #1802*

Suite, Apt. #, Etc.

City

*Sunny Isles*

State

*FL*

Zip Code

*33160*

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 *04/11/05*

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
<i>P</i>	<i>Felipe Dager</i>	<i>16900 N Bay Rd #1802, S.</i>	<i>Sunny Isles, FL 33160</i>

200054226452

05/10/05--01084--007 \*\*500.00

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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*04/11/05*  
Date

*(305) 336-3002*  
Daytime Phone #

CR2E081 (01/05)

*5/5 an*

2/2

April 3, 2005

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: P02000047938

Attn: Renewal Dept:

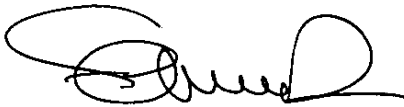
Gentlemen:

In reference to the above mentioned corporation, please be advised that we never received the renewal notice.

We contacted your renewal department and they advised us to write a letter and specify what happened and to submit the original annual fee and you would renew the corporation.

Your cooperation in this matter is anticipated and appreciated.

Thank you,  
Inversiones Londres Inc

A handwritten signature in black ink, appearing to read 'Felipe Dager', with a large, stylized initial 'F'.

Felipe Dager  
President