

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
04 DEC -9 AM 8:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # PD 20000 67071

1. Corporation Name  
Charlesoi Investments Corp.

2. Principal Office Address  
3. Mailing Office Address  
CARE OF SANTIAGO STEED

Suite, Apt. #, etc.  
1300 BRICKELL AVE.

City & State  
MIAMI, FL

Zip Country  
33131

**REINSTATEMENT** 03-04

4. Date Incorporated or Qualified To Do Business in Florida 6/18/2002

5. FEI Number 20-1963030  
☒ 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  
JUAN PABLO BAYONA  
Street Address (P.O. Box Number is Not Acceptable)  
1300 BRICKELL AVE  
Suite, Apt. #, Etc.  
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 J. Bayona Date 11/23/04  
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	Juan Pablo Bayona	1300 BRICKELL AVE	MIAMI, FL 33131

400043306724  
12/09/04--01058--010 \*\*900.00

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: J. Bayona 11/23/04 305-679-5880  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (01/04)