04

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 APR 23 PM 1:00

SECRETARY OF STATE
TALLAHASSEE FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000131297

900033584639
04/22/04--01060--002 **150.00

1. Corporation Name
Peninsula Title Corp.

2. Principal Office Address	3. Mailing Office Address
8290 NW 27 ST.	
Suite, Apt. #, etc. Suite 602	Suite, Apt. #, etc.
City & State Miami, FL.	City & State
Zip 33124 Country Miami-Dade	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida Dec 13, 2003

5. FEI Number 38-3667260 ☐ 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: Peninsula Title Corp.

Street Address (P.O. Box Number is Not Acceptable): 8290 NW 27 ST

Suite, Apt. #, Etc.: Suite 602

City: Miami State: FL Zip Code: 33124

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: Mari Pabl — Date: 4-19-04

REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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	Maria Pablos	7320 Poinciana Ct Miami Lakes, FL.	33014
V	Patricia Pablos	7320 Poinciana ct	Miami Lakes FL. 33014

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: Mari Pabl - President 4/19/04 (305)500-9938

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

7