1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. H06000231875 3

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 SEP 19 AM 7:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000038839

1. Corporation Name

GASOLIN 2815, INC.

REINSTATEMENT 05-06

CR2E081 (12/05)

2. Principal Office Address	3. Mailing Office Address
1200 Brickell Avenue	
Suite, Apt. #, etc.: Suite 900	Suite, Apt. #, etc.
City & State: Miami, Florida	City & State
Zip: 33131 Country: USA	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: April 7, 2003

5. FEI Number: 20-2531436 ☐ 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: AGI Registered Agents, Inc.

Street Address (P.O. Box Number is Not Acceptable): 1200 Brickell Avenue

Suite, Apt. #, Etc.: Suite 900

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 617.0505, F.S.

Signature of Registered Agent: _____ Date: 9/18/06

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
DPST	Gaston Gaudio	DeMaria 4723, DTO 10-06	1425 Buenos Aires, Argentina

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: _____ 9/18/06 305-416-6820

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

H06000231875 3

B. Mitchell SEP 19 2006

SEP. 19. 2006 4:19PM C S C NO. 305 P. 2

Florida Department of State
Division of Corporations
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Division of Corporations
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From:
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Account Number : I20000000195
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CORPORATION REINSTATEMENT

GASOLIN 2815, INC.

Certificate of Status	0
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