


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 AUG 11 AM 8:34

DOCUMENT # P03000044780.

1. Corporation Name

South AMERICAN FINANCIAL
Group INC.

REINSTATEMENT 04-06

2. Principal Office Address

10651 N. Kendall Dr.

3. Mailing Office Address

10651 N. Kendall Dr.

Suite, Apt. #, etc.

Suite 120

Suite, Apt. #, etc.

Suite 120

City & State

MIAMI- FL

City & State

Miami- FL

Zip

33176

Country

DADE

Zip

33176

Country

DADE.

4. Date Incorporated or Qualified
To Do Business in Florida

04-22-2003

5. FEI Number

510462804

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

CARLOS AMASTHA

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

10040 SW 161 PL

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33196

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

REGISTERED AGENT MUST SIGN

Date 08-08-06

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	CARLOS AMASTHA	10040 SW 161 PL	Miami- FL- 33196
V	JANETH NADJAR	10040 SW 161 PL	Miami- FL- 33196
OB	CASAR ESPINOSA	965 SW 137 CT	Miami FL- 33184

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08/15/06--01043--003 **1050.00

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08-08-06

Date

Daytime Phone #