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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
06 JUN -7 AM 11:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000117845

1. Corporation Name
INVERSTONES DE AMERICA CORP.

2. Principal Office Address	3. Mailing Office Address
1221 BRICKELL AVE	1221 BRICKELL AVE
Suite, Apt. #, etc. 901	Suite, Apt. #, etc. 901
City & State MIAMI, FL	City & State MIAMI, FL
Zip 33131 Country USA	Zip 33131 Country USA

CR2E061 (6/05)

4. Date Incorporated or Qualified To Do Business in Florida 10-22-03

5. FEI Number 56-2406983 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $30.00 Additional Fee Required

7. Name and Address of Current Registered Agent

Name: PULGARIN YESID G.

Street Address (P.O. Box Number is Not Acceptable): 1221 BRICKELL AVE

Suite, Apt. #, Etc.:

City: MIAMI, FL State: FL Zip Code: 33131

B 6/7/06
REINSTATEMENT 05-06

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 _____ Date 06-05-06
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	PULGARING YESID G.	1221 BRICKELL AVE	MIAMI. FL 33131

300076395183
06/20/06--01062--002 **300.00

10. I certify that I am an officer or director of the reorganized 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/revocation is 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: _____ 06/05/06 786-210-2027
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone #

TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

I NEVER RECEIVED THE ANNUAL REPORT NOTICE FOR THE YEARS 2005 AND 2006, FROM YOUR OFFICE TO PAY THE ANNUAL FEE. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS COMPANY IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.

CORDIALLY,

YESID G YESID G
PRESIDENT