

paye/or

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 1221 BRICKELL AVE		3. Mailing Office Address 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 (8/05)

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 ☐ 6875. A statement fee is required for each of the first 100 days.	

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. REINSTATEMENT 05-06	
City MIAMI, FL	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 607.0305 or 617.0303, 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 Officer and/or Director	Street Address of Each Officer and/or Director	City / State / Zip
D	PULGARIN 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 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 taxes 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)(c), F.S. The information indicated on this application is true and accurate, and this statement shall have the same legal effect as if made under oath.		
SIGNATURE:	06/05/06	786-210-2027
SIGNATURE AND TYPE OF OFFICIAL NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #

pyeul

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

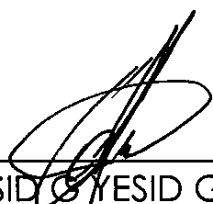
TO WHOM IT MAY CONCERN:

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