PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2019 JUN 21 PM 1:03

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000025010

1. Corporation Name

MOMO INVESTMENTS, INC.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
40 SW 13th St	One SE 3rd Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Suite 301	28th Floor
City & State	City & State
Miami, FL	Miami, FL
Zip / Country	Zip / Country
33130 / USA	33131 / USA

4. Date Incorporated or Qualified To Do Business in Florida: 02/05/2004

5. FEI Number: 93-0419681 (Applied For / Not Applicable)

6. CERTIFICATE OF STATUS DESIRED: YES — $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Registered Agents Inc

Street Address (P.O. Box Number is Not Acceptable): 7901 4th St N

Suite, Apt. #, Etc.: Suite 300

City: St. Petersburg | State: FL | Zip Code: 33702

06/21/19--01005--009 **758.75

300331158063
06/21/19--01005--009 **758.75

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: Bill Hunt Secretary — Date: 6/20/2019

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
DPS	Mohammed Asibelua	1425 Brickell Ave, 59C	Miami, FL 33131
DVP	Fati Asibelua	1425 Brickell Ave, 59C	Miami, FL 33131
M	Juan Cubides	40 SW 13th St, Ste 301	Miami, FL 33130
	REINSTATEMENT		JUN 21 2019
			R. HUNT

10. E-mail Address: juan@cubides.net

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath; I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

SIGNATURE: Juan Cubides — Juan Cubides — 6/20/201 — 305-632-9999

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

SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 6/21/2019

****WALK IN****

ENTITY NAME MOMO INVESTMENTS INC.

DOCUMENT NUMBER _____

PLEASE FILE THE ATTACHED AND RETURN

_____ Plain Copy

_____ Certified Copy

XXXXXXX Certificate of Status

_____ _____

PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY

_____ Certified Copy of Arts & Amendments

_____ Certificate of Good Standing

_____ _____

APOSTILLE' / NOTARIAL CERTIFICATION

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

FILED
19 JUN 21 AM 11:27

JUN 21 2019
R. HUNT

TOTAL OWED $758.75 CHECK # 6252

Please call Tina at the above number for any issues or concerns. Thank you so much!