## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

DOCUMENT # P04000001942  1. Corporation Name  TINVERRAY INTERNATIONAL HOTEL INC Principal Office Address. No PO. Box 8  3. Mailing office Address.  Solin And R. etc.  Solin And R. etc.  City & State  LANDERAN IT LOCA  TO DE Business in Forces  Applicable  City & State  LANDERAN IT Country  To LOCA  TO DE Business in Forces  TANDERAN IT Country  To Description of the Cou	CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF ST. Secretary of State DIVISION OF CORPORATIONS	ATE	FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA	
2. Principal Office Address - No P.O. Box 8  3. Mailing Office Address 3. Mailing Office Address 3. Mailing Office Address 3. Suite, Apt. 8. etc.  The Suite Country 3. 3. 1. Per 19 appointed the registered Agent Agent.  PRUND YADAN  Streat Address (P.G. Box Number is Not Acceptable) 3.5. oil 1. Suite, Apt. 8. Etc.  City Apt. 2. December 1. Suite	DOCUMENT # PU4000027842  1. Corporation Name			10 AUG -9 AM II: 03	
2. Principal Office Address - No P.O. Box 8  3. Mailing Office Address 3. Mailing Office Address 3. Mailing Office Address 3. Suite, Apt. 8. etc.  The Suite Country 3. 3. 1. Per 19 appointed the registered Agent Agent.  PRUND YADAN  Streat Address (P.G. Box Number is Not Acceptable) 3.5. oil 1. Suite, Apt. 8. Etc.  City Apt. 2. December 1. Suite	INVERTALY INTERNATIONAL				
2. Principal Office Address No P.O. Box 8  3501 Inversary 8UB  Sule, Apr. R. etc.  Sule, Apr. R. etc.  Sule, Apr. R. etc.  Sule, Apr. R. etc.  Cry & State  IMDERTHILL FL  IMPUDERTHILL FL  IMPUD	HOTEL INC			<b>KS</b> 20183689878 30183689878	
Suite, ART #, etc.  Suite, ART #, etc.  Suite, ART #, etc.  4. Date Incorporated or Qualified To Do Business in Florida 2/11/2004  Applied For To Do Business in Florida 2/11/2004  Applied For To Do Business in Florida 2/11/2004  S. FEI Number 34 - 2014623				/10 8103) 000 ***300.0 <b>0</b>	
City & State  Lity & State  Li	3501 Inversary TILUD 3501 Inversary BLUD		LUD	CR2E08l (6/10)	
City & State  2 D	Suite, Apt. #, etc.	Suite, Apt. #, etc.		porated or Qualified	
Supplementary   Supplementar	City & State	City & State	To Do Bus	iness in Florida 2///2004	
7. Name and Address of Current Registered Agent  Name  ### ARUND YADAU  Street Address (P.O. Box Number is Not Acceptable)  \$501	LANDERHILL FL	LARUDERHIL, FL	1		
7. Name and Address of Current Registered Agent  Name HRUND YADAU Street Address (P.O. Box Number is Not Acceptable) 3501			6.	SR 75 Addition of Feet engaging	
Name ARUND YADAU  Street Address (P.O. Dox Number is Not Acceptable) 350   Jnuerany 13Lub  Suite, Apt. #, Etc.  City File 2jp Code HAUDERHILL  8. I. being appointed the registered agent of the above named conceptation, am familiar with and accept the obligations of section 607.0505 or 517.0503, F.S. Signature of Registered Agent  RESISTERED AGENT MUST SIGN  9. Names and Street Addresses of Each Officer and/or Sirector (Florida nonprofit corporations must list at least 3 directors)  Titles  Officers and/or Directors  PRO Juan Jose Rohueddae 3501 Inversary Blub LauderHill, File 3331/9  VRG ARVNO ADAU  SEC ALRAHES, S. A. DE C. J. 3501 Inversary Blub LauderHill, File 3331/9  REINSTAIL INVERSARY Blub LauderHill, File 3331/9  Inversary Blub LauderHill, File 3331/9  REINSTAIL INVERSARY Blub LauderHill, File 1371/9  To be used for future annual report notification)  10. E-mail Address: Inversary Note the search of disaction has been eliminated, the corporate name satisfies the requirements of section 507/401 or 617/401, F.S. Intuiting certify that when filing his reinstatement application the reason for disaction has been eliminated, the corporate name satisfies the requirements of section 507/401 or 617/407, F.S. Intuiting effect as it made under control.  SIGNATURE:	33319 USA.	37319 USA	CERTIFICAT		
Signature of Registered Agent  REGISTERED AGENT MUST SIGN  9. Names and Street Addresses of Each Officer and/or pirector (Florida nonprofit corporations must list at least 3 directors)  Titles  Name of Officers end/or Directors  Officer and/or Director  Date PLUD  LAUDERHILL, FL 37319  VPRU ARVING YADAY  3501 Inversary BLUD  LAUDERHILL, FL 33319  SEC ALRAHES, S. A. DE C. V. 3501 Inversary BLUD  LAUDERHILL, FL 37319  10. E-mail Address: Inversaryhotel® hotma: I. Com  (To be used for future a initial report notification)  11. I certify that I am an officer or director or the receive of trustee empowered to exceed 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. I further tertify, 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:  Officer and/or pirector (Florida nonprofit corporation have been paid. I further tertify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.	Name  ARUND YADAU  Street Address (P.O. Box Number is Not Acceptable)  3501 Inverview 13Lub  Suite, Apt. #, Etc.  City State Zip Code		07/28		
Titles Name of Officers and/or Directors Officer and/or Directors Officer and/or Director Officer and/or Directors  PRO JUAN JOSE ROHUEDDER 3501 INVERTANT BLUD LANDERHILL, FL 33319  VRG ARVIND NAMES S. A. DE C. V. 3501 INVERTANT BLUD LANDERHILL, FL 33319  SEC ALRAHES, S. A. DE C. V. 3501 INVERTANT BLUD LANDERHILL, FL 33319  10. E-mail Address: INVERTALY HOLD LANDERHILL, FL 37319  11. Certify that I am an officer or director or the receiver of trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. Ifurther 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. I further terrify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under cert.  SIGNATURE: 071319	Signature of Registered Agent Date 72710				
Officer and/or Directors  Officer and/or Director  City/State/Zip  Description  Lawrence T.C. 37319  Inversary T.C. D. Lawrence T.C. 37319  To be used for future annual report notification  To be used for future annual report notification  To be used for future annual report notification  To be used for future annual report notification as provided for in chapter 507 or 617, F.S. I further certify in all when filing this reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 817.0401, F.S., that all fees owed by the corporation have been paid. I further verty, 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. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)				
SEC ALRAHES, S. A. DE C. V. 3501 Inversary Blub Landerhill, FL 33319  10. E-mail Address: Inversary hotel hotmail. Com  (To be used for future annual report notification)  11. I certify that I am an officer or director or the receive of trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when fling this reinstatement application the reason for disadution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees oned by the corporation have been paid. I further tently, 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:				City / State / Zip	
Sec ALRAHES, S.A. DE C. V. 3501 Invelling TSLUD LANDERHIC FL 37379  10. E-mail Address: Invellaryhotel® hotma: I. Com  (To be used for future annual report notification)  11. I certify that I am an officer or director or the receive on trustee were diverged to execute this application as provided for in chapter 507 or 617, F.S. I further certify that when filling this reinstatement application 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.  SIGNATURE:	Pres Juan Jose Rohwedder 3501 Inversary 81		CAMPLUD	LAMBERHICL, FC 37719	
10. E-mail Address: Inversaryhotel® hotmail.com  (To be used for future annual report notification)  11. I certify that I am an officer or director or the receive of trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling 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. 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.  SIGNATURE:	VPres ARVING YADAU	, ARVING YADAU 3501 INVERRAY B		LAUDERHILL, FL 33319	
10. E-mail Address: Invertary hotel® hotels for future annual report notification)  [To be used for future annual report notification]  11. I certify that I am an officer or director or the receiver of trustee empowered to execute this application as provided for in chapter 507 or 617, F.S. I further certify that when filling 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. 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.  SIGNATURE:	Sec ALRAHES, S.A. DE	C. V. 3501 Investory	TELUD	LANDERHILL, FL 33379	
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