

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:  
Division of Corporations  
Fax Number : (850) 617-6384

From:  
Account Name : AGI REGISTERED AGENTS, INC.  
Account Number : I20000000205  
Phone : (305) 416-6800  
Fax Number : (305) 416-6811

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**CORPORATION REINSTATEMENT  
GANADE INVESTMENTS INC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$1,050.00

450.00

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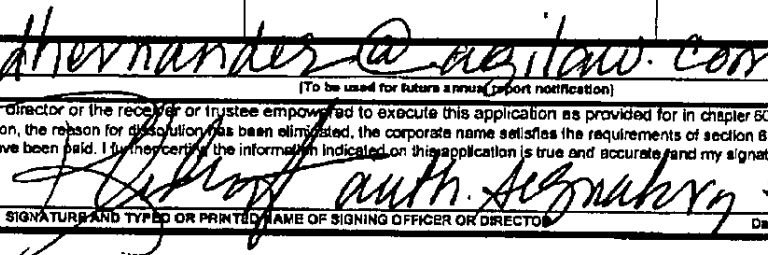
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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

10 MAY -4 PM 12:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS		10 MAY -4 PM 12:01 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # <b>P04000036177</b>					
1. Corporation Name <b>Ganade Investments Inc</b>					
2. Principal Office Address - No P.O. Box # <b>7275 SW 61 ST</b>		3. Mailing Office Address <b>7275 SW 61 ST</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Miami F</b>		City & State <b>Miami FL</b>			
Zip <b>33143</b>	Country <b>US</b>	Zip <b>33143</b>	Country <b>US</b>		
4. Date Incorporated or Qualified To Do Business in Florida <b>2/24/04</b>		5. FEI Number <b>26-0080177</b>			
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status PROFIT CORPORATIONS ONLY The \$800.00 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.			
7. Name and Address of Current Registered Agent					
Name <b>AGI Registered Agents Inc</b>					
Street Address (P.O. Box Number is Not Acceptable) <b>1000 Brickell Ave</b>					
Suite, Apt. #, Etc. <b># 300</b>					
City <b>Miami</b>		State <b>FL</b> Zip Code <b>33131</b>			
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 <b>5/4/10</b>	
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	Hernando Novoa	7275 SW 61 ST		Miami FL 33143	
D	Segundo Novoa	7275 SW 61 ST		Miami FL 33143	
<b>REINSTATEMENT</b> 					
10. E-mail Address: <b>dhernandez@agilaw.com</b> (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., 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: <b>[Signature]</b> DATE: <b>5/4/10</b>					

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