2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 MAR 13 AM 8:42

03082009 REIN-P CR2E088 (1/07)

DOCUMENT # P04000038256

1. Entity Name
BIMAR INVESTMENTS, INC.

Principal Place of Business	Mailing Address
4474 WESTON RD SUITE 103 DAVIE, FL 33331 US	4474 WESTON RD SUITE 103 DAVIE, FL 33331 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
4474 WESTON RD	438 LAKEVIEW DR
Suite, Apt. #, etc.: SUITE 103	Suite, Apt. #, etc.: #202
City & State: DAVIE, FL	City & State: WESTON, FL
Zip: 33331 / Country: US	Zip: 33326 / Country: US

4. FEI Number: 36-2435132 — Applied For / Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEAL, CIRO
4474 WESTON RD
SUITE 103
DAVIE, FL 33331

7. Name and Address of New Registered Agent

Name: LIANIRA CIVOLANI
Street Address (P.O. Box Number is Not Acceptable): 438 LAKEVIEW DR.
#202
City: WESTON FL Zip Code: 33326

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: LIANIRA CIVOLANI — 3/7/2009 DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P/S ☐ Delete
NAME	BIANCHINI, ROBERTO
STREET ADDRESS	4474 WESTON RD SUITE 103
CITY-ST-ZIP	DAVIE, FL 33331
TITLE	VP ☐ Delete
NAME	MARTINEZ BIANCHINI, CARMEN
STREET ADDRESS	4474 WESTON RD SUITE 103
CITY-ST-ZIP	DAVIE, FL 33331
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	000145685700
STREET ADDRESS	03/13/09--01004--016 **308.75
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Roberto Bianchini — 3/7/2009
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #