Pg 1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 MAY -5 PM 12:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400075039524
05/22/06--01074--012 **300.00

CR2E081 (12/05)

DOCUMENT # P04000041784

1. Corporation Name

3 M'S ALVAREZ-JACINTO, CORP.

2. Principal Office Address	3. Mailing Office Address
14752 S.W. 173 St.	14752 S.W. 173 St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, FL	City & State: Miami, FL
Zip: 33187 Country: US	Zip: 33187 Country: US

4. Date Incorporated or Qualified To Do Business in Florida: 03/08/2004

5. FEI Number: 20-0828484 ☐ Applied For ☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name: ALVAREZ-JACINTO, MARLENE

Street Address (P.O. Box Number is Not Acceptable): 14752 S.W. 173 St.

Suite, Apt. #, Etc.:

City: Miami State: FL Zip Code: 33187

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: ✓ Marlene Alvarez Jacinto Date: ✓ 4-26-06

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	ALVAREZ-JACINTO, MARLENE	14752 S.W. 173 St.	Miami, FL 33187

BS 5/11/06

REINSTATEMENT 05-06

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 fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. 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: ✓ Marlene Alvarez Jacinto ✓ 4-26-06 ✓

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

OCARIZ, GITLIN
& ZOMERFELD, LLP
CERTIFIED PUBLIC ACCOUNTANTS

March 13, 2006

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: 3 M's Alvarez-Jacinto, Corp.
Document No. P04000041784

Please be advised that the above corporation did not receive the annual report notice in the year it was dissolved which was 2005, and subsequently did not receive any of them for the years then after.

Enclosed please find the corporation reinstatement form along with a check in the amount of $ 300.00 covering the annual report fees from 2005 and 2006.

If you have any questions, please do not hesitate to contact us.

Sincerely,

OCARIZ, GITLIN & ZOMERFELD, LLP

Hiram Ocariz, C.P.A.
For the Firm

Encl.

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