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CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2006 OCT -4 AM 11:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000048213

1. Corporation Name
SATISFYING CO.

W06-43085

2. Principal Office Address	3. Mailing Office Address
1400 NW 19TH ST	
Suite, Apt. #, etc.: SUITE 1508	Suite, Apt. #, etc.
City & State: MIAMI FL	City & State
Zip: 33125 Country: Dade	Zip Country

REINSTATEMENT CR2E081 (12/05) 05-06

4. Date Incorporated or Qualified To Do Business in Florida: 3-17-2004

5. FEI Number: P04000048213 ☐ 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: NRAI Services, Inc.
Street Address (P.O. Box Number is Not Acceptable): 2731 Executive Park Drive
Suite, Apt. #, Etc.: Suite 4
City: Weston State: FL Zip Code: 33331

8. I, being appointed the registered agent of the above-named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: NRAI Services, Inc. by: Karen Redman KAREN REDMAN REGISTERED AGENT MUST SIGN Date: 9/07/06

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
S	SALVADOR M MARVANO	1400 NW 19TH ST SUITE 1508	MIAMI FL 33125
PTD	MARIO A RODRIGUEZ	1400 NW 19TH ST SUITE 1508	MIAMI FL 33125

100006051792
10/10/06--01057--004 **300.00

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

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September 27, 2006

Florida Department of State
Department of State
Divisions of Corporations
P.O. Box 6327
Tallahassee, Fl 32314

To Whom It May Concern:

The Corporation, Satisfying Co., did not receive the annual report notices since the year of dissolution. Please waive the reinstatement fee.

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2005 & 2006

Salvador M. Marvano

President