PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
09 JAN 30 PM 12:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000093721

1. Corporation Name: TIGHTLINES GROUP, INC

REINSTATE 07-09

700142484577
01/30/09--01005--018 **450.00

CR2E081 (12/07)

2. Principal Office Address - No P.O. Box #
10361 SW 16 St
Suite, Apt. #, etc.
City & State: Miami FL
Zip: 33165 Country: USA

3. Mailing Office Address
10361 SW 16 St
Suite, Apt. #, etc.
City & State: Miami, FL
Zip: 33165 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 6/18/2004

5. FEI Number: 450539432 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $6.25 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent
Name: Luis Bello
Street Address (P.O. Box Number is Not Acceptable): 10361 SW 16 Street
Suite, Apt. #, Etc.
City: Miami State: FL Zip Code: 33165

☑ The 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.

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: 1/29/09
REGISTERED AGENT MUST SIGN

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	Luis Bello	10361 SW 16 St	Miami, FL 33165
S	Lino de la Hera	10361 SW 16 St	Miami, FL 33165
T	Louis Figueras	10361 SW 16 St	Miami, FL 33165
VP	Miguel Martin	10361 SW 16 St	Miami, FL 33165

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 in this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: _____ 1/29/09 3054446830
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

09 JAN 30 DEC 30 2008