

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

08 APR 22 AM 11:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 06-08<sup>K5</sup>  
CR2E081 (12/07)

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P04000128378  
1. Corporation Name  
**CI BUSINESS & INVESTMENT CORP.**

2. Principal Office Address - No P.O. Box # 9020 SW 125 AVE		3. Mailing Office Address 9020 SW 125 AVE	
Suite, Apt. #, etc. 207F		Suite, Apt. #, etc. 207F	
City & State MIAMI		City & State MIAMI	
Zip 33186	Country USA	Zip 33186	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 09/10/2004

5. FEI Number 76-0780140	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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

7. Name and Address of Current Registered Agent

Name  
**LILIANA BOSCH**

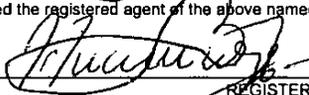
Street Address (P.O. Box Number is Not Acceptable)  
9020 SW 125 AVE

Suite, Apt. #, Etc.  
207F

City MIAMI	State FL	Zip Code 33186
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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 04/17/2008

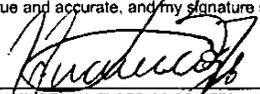
REGISTERED AGENT MUST SIGN

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
PD	CARLOS H INSFRAN	9020 SW 125 AVE NO. 207F	MIAMI, FL 33186
VDS	LILIANA BOSCH	9020 SW 125 AVE NO. 207F	MIAMI, FL 33186

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05/07/08--01043--001 \*\*450.00

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:  Date 04-17-2008 (305) 275-0477

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