
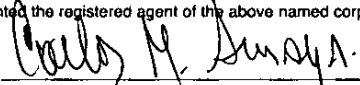
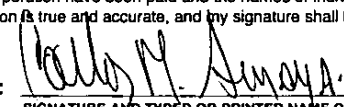


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<div style="display: flex; align-items: center; justify-content: space-between;"><div style="text-align: center;">CORPORATION REINSTATEMENT</div><div style="text-align: center;"><div style="margin-top: 10px;">FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</div></div></div>		<div style="font-size: 1.2em; font-weight: bold;">FILED</div> <div style="font-size: 1.1em;">08 SEP 15 PM 1:29</div> <div style="font-size: 0.8em; margin-top: 10px;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div> <div style="margin-top: 20px; font-size: 0.9em;">100135847261 09/15/08--01036--004 **1050.00 REINSTATEMENT CR2E081 (12/07) <u>06-08</u></div>	
DOCUMENT # P04000141092			
1. Corporation Name C&C Amaya Investments, Inc.			
2. Principal Office Address - No P.O. Box # 18533 South Dixie Highway Suite, Apt. #, etc.		3. Mailing Office Address 18599 SW 133 Ave, Suite, Apt. #, etc.	
City & State Miami, FL Zip Country 33177 USA		City & State Miami, FL Zip Country 33177 USA	
7. Name and Address of Current Registered Agent Name Carlos M. Amaya Street Address (P.O. Box Number is Not Acceptable) 18599 SW 133 Ave. Suite, Apt. #, Etc. City State Zip Code Miami FL 33177		4. Date Incorporated or Qualified To Do Business in Florida 09/15/2006 5. FFI Number Applied For 201755810 <input type="checkbox"/> Not Applicable 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status <input type="checkbox"/> 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. <div style="display: flex; justify-content: space-between;"><div>Signature of Registered Agent </div><div>Date 08/25/08</div></div> <div style="text-align: center; margin-top: 5px;">REGISTERED AGENT MUST SIGN</div>			
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	Carolina Amaya	18599 SW 133 Ave.	Miami, FL 33177
SD	Carlos M. Amaya	18599 SW 133 Ave.	Miami, FL 33177
\$79/15			
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		Carlos M. Amaya	08/25/08 305-310-0548 <div style="display: flex; justify-content: space-between; font-size: 0.8em;">DateDaytime Phone #</div>