PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 MAR 23 AM 10:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000152638

1. Corporation Name

AWNING OF MIAMI USA Corp.

REINSTATEMENT 0507

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
4664 SW 75 AVE	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FL	City & State
Zip: 33155 Country: U.S.A	Zip: Country: U.S.A

4. Date Incorporated or Qualified To Do Business in Florida: 11/08/2004

5. FEI Number: 03-0550229 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X]

7. Name and Address of Current Registered Agent

MIGUEL A. HERNANDEZ

4664 SW 75 AVE

City: MIAMI State: FL Zip Code: 33155

☐ 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 617.0505, F.S.

Signature of Registered Agent: M Hernandez Date: 3/19/07

REGISTERED AGENT MUST SIGN

9. Name and Street Address 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
P	MIGUEL A. HERNANDEZ	16090 NW 80 CRT # 1454	HIALEAH G, FL 33016

900095915619
04/05/07--01058--004 **500.00

900095915619
04/05/07--01058--004 **500.00

900095915619
04/05/07--01058--005 **50.25

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: M Hernandez (305) 807-5109 Date: 3/19/07

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

K. Eckel MAR 28 2007