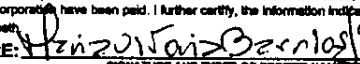


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

10 MAR 30 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P05000118530			
1. Corporation Name LA GUAIRA PROPERTIES CORP			
2. Principal Office Address - No P.O. Box # 2121 PONCE DE LEON BLVD Suite, Apt. #, etc. 240 City & State CORAL GABLES, FL Zip 33134		3. Mailing Office Address 2121 PONCE DE LEON BLVD Suite, Apt. #, etc. 240 City & State CORAL GABLES, FL Zip 33134	
Country USA		Country USA	
4. Date incorporated or qualified To Do Business in Florida 08/25/2005			
5. FEI Number 260125560		Applied For ☐ Not Applicable	
6. CERTIFICATE OF STATUS DESIRED ☐ \$8.25 Addition to fee required for a Certificate of Status			
7. Name and Address of Current Registered Agent Name PRATS FERNANDEZ & CO Street Address (P.O. Box Number is Not Acceptable) 2121 PONCE DE LEON BLVD Suite, Apt. #, Etc. 240 City CORAL GABLES			
State FL		Zip Code 33134	
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  REGISTERED AGENT MUST SIGN			
Date 03/17/2010			
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
P	RAUL BARRIOS GONZALEZ	2121 PONCE DE LEON BLVD SUITE 240	CORAL GABLES, FL 33134
T	MARIA VICTORIA BARRIOS GONZALEZ	2121 PONCE DE LEON BLVD SUITE 240	CORAL GABLES, FL 33134
10. E-mail Address: raulba@emcall.net.co			
11. 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. I further certify, 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: 		MARIA VICTORIA BARRIOS GONZALEZ 03/17/2010 3058482584	

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REINSTATEMENT 08-10