

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED

10 APR 15 AM 9:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P05000 127094

1. Corporation Name

CHIKA GROUP INC.

100173253321
04/15/10--01041--008 **300.00

REINSTATEMENT 08-10

100173253321
03/26/10--01037--016 **150.00
CR2E081 (11/09)

2. Principal Office Address - No P.O. Box #

1111 BRICKELL AV.

Suite, Apt. #, etc.

11 TH FLOOR

City & State

MIAMI

Zip

33131

Country

USA

3. Mailing Office Address

1111 BRICKELL AV.

Suite, Apt. #, etc.

11 TH FLOOR

City & State

FL

Zip

33131

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 09/15/2005

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Pablo Andres Penuela

Street Address (P.O. Box Number is Not Acceptable)

1111 BRICKELL AV.

Suite, Apt. #, Etc.

11 TH FLOOR

City

MIAMI

State

FL

Zip Code

33131

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

REGISTERED AGENT MUST SIGN

Date 03/22/2010

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
P	ANAMARIA VELASQUEZ	1111 BRICKELL AV.	MIAMI, FL 33131

10. E-mail Address: anamaria@velmat.com

(To be used for future annual report notification)

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 03/22/2010 7862103562

Date

Daytime Phone #