Fax Audit No. 119000042090 3

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FILED
2019 FEB -7 AM 11:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P05000131820

1. Corporation Name

CYPRESS INTERNATIONAL INVESTMENT CORP.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
690 HAMPTON LANE	690 HAMPTON LANE
Street, Apt. #, etc.	Street, Apt. #, etc.
City & State	City & State
KEY BISCAYNE, FL	KEY BISCAYNE, FL
ZIP: 33149 Country: USA	ZIP: 33149 Country: USA

CR2E083 (11/10)

4. Date Incorporated or Qualified To Do Business In Florida: 09/26/2005

5. FEI Number: 20-3612486 Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED $5.00 Additional Fee is required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: B & C CORPORATE SERVICES, INC.

Street Address (P.O. Box Numbers Not Acceptable): 2 SOUTH BISCAYNE BOULEVARD, 21st FLOOR

Suite, Apt. #, etc.

City: MIAMI State: FL Zip Code: 33131

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: [signature] Date: 2/5/19

REGISTERED AGENT MUST SIGN

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, D	XAVIER E. MARCOS	690 HAMPTON LANE	KEY BISCAYNE, FL 33149

10. E-mail Address: [illegible]@nelsonmullins.com

(To be used for future annual report and notices)

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 each filing for reinstatement application, the names for directors has been updated, the corporate address satisfies the requirements of section 607.0401 or 617.0401, F.S., and 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; I am aware that false information submitted in a document to the Department of State shall have a civil penalty as provided for in s. 817.155, F.S.

SIGNATURE: [signature] 01/24/19

SIGNATURE AND TYPED OR PRINTED NAME OF ELECTED OFFICER OR DIRECTOR Date

Payment Enclosed

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B McKNIGHT

FEB 07 2019

Florida Department of State

Division of Corporations

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Email Address: pilar.salgado@nelsonmullins.com

CORPORATION REINSTATEMENT

CYPRESS INTERNATIONAL INVESTMENT CORP.

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