PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 APR -8 PM 3:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000084994

1. Corporation Name
R.C. ASESORES, CORPORATION

300149165943
04/08/09--01003--024 **1050.00
REINSTATEMENT 07-09

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
3029 NE, 188 ST.	3029 NE, 188 ST.
Suite, Apt. #, etc. #317	Suite, Apt. #, etc. #317
City & State AVENTURA. FL	City & State AVENTURA. FL
Zip 33180 Country USA	Zip 33180 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 06/22/2006

5. FEI Number NONE ☐ 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 FRANCISCO BARO

Street Address (P.O. Box Number is Not Acceptable) 18151 NE, 31 COURT

Suite, Apt. #, Etc. #1008

City AVENTURA. State FL Zip Code 33160

☐ 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 Francisco Baro Date 04/06/2009
REGISTERED AGENT MUST SIGN

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	NASSIF, CLAUDIA	3029 NE, 188 ST. #317.	AVENTURA. FL 33180
VP	FERRI, ROBERTO	10556 NW, 26 ST. STE 101	MIAMI. FL 33172

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: Claudia Nassif 04/06/2009 786-394-3640
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

I AM SORRY. THE BABY DRAW THIS PAPER. 4/8