PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 10 JUN 24 PH 1: 50 SECRETARY STATE TALLAHASSEE FLORIDA

DOCUMENT # P06000106154

1. Corporation Name

TERRA FERMA INVESTMENTS, INC.

06 1001825527581
06/23/10--01026--006 **1200.00
REINSTATEMENT 07-10

2. Principal Office Address - No P.O. Box # 1390 Brickell Avenue	3. Mailing Office Address 1390 Brickell Avenue	
Suite, Apt #, etc. Suite 200	Suite, Apt. #, etc Suite 200	

City & State Miami, FL	City & State Miami, FL	4. Date Incorporated or Qualified To Do Business in Florida 08/14/2006

Zip 33131	Country US	Zip 33131	Country US

5. FEI Number   20-5396747   ☐ 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
Alvaro Castillo B.

Street Address (P.O. Box Number is Not Acceptable)
1390 Brickell Avenue

Suite, Apt #. Etc.
Suite 200

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 _____   Date 6-9-10

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
D	Francisco Farias	1390 Brickell Avenue, Suite 200	Miami, FL 33131

10. E-mail Address: ops@amerisecurities.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: _____   Francisco Farias, Dir.   6-9-10

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #