PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 MAY -4 AM 7:43

DOCUMENT # P06000138698

1. Corporation Name

Gulma Investments Corp.

700180276757
05/04/10--01048--011 **750.00

KS

REINSTATEMENT 07-10

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
2150 NW 9 St.	2150 NW 9 St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami FL	City & State: Miami FL
Zip: 33125 Country: Dade	Zip: 33125 Country: Dade

4. Date Incorporated or Qualified To Do Business In Florida: 11/01/2006

5. FEI Number: 01-0877388 ☐ 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: Jorge M. Garcia

Street Address (P.O. Box Number is Not Acceptable): 1521 Bellavista Ave

Suite, Apt. # etc.:

City: Coral Gables State: FL Zip Code: 33115

☑ 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 designated 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: 04/09/2010

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
DP	Jorge M. Garcia	1521 Bellavista Ave.	Coral Gables,FL 33115
DTS	Maria D. Garcia	1521 Bellavista Ave.	Coral Gables,FL 33115

10. E-mail Address: jose@professionalservicesmiami.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: _____ Jorge M. Garcia 04/09/2010 305-649-7509

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