PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
15 MAR -2 PM 1:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P08000005532

1. Corporation Name
INVERSIONES BASARE S.A. INC.

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1837 Matthew Loop	P.O. Box 22360
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Clewiston, FL.	City & State: Clewiston, FL
Zip: 33440 Country: USA	Zip: 33440 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 01-15-2008

5. FEI Number: 261699274 — X Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED: YES — $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Katherine Ivonne Reyes
Street Address (P.O. Box Number is Not Acceptable): 1837 Matthew Loop
Suite, Apt. # Etc.:
City: Clewiston State: FL Zip Code: 33440

4/10/14 60189 010

000270197100
03/03/15--01008--011 **150.00

000270197100
03/03/15--01008--012 **8.75

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: Katherine Ivonne Reyes — REGISTERED AGENT MUST SIGN

Date: 2-24-2015

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	Katherine Reyes	1837 Matthew Loop	Clewiston, FL, 33440
S	Marra H. Salazar	1837 Matthew Loop	clewiston, FL, 33440
T	Israel Barraza	1837 Matthew Loop	Clewiston, FL, 33440
			S. HAWKES
			MAR - 3 A.M.
			EXAMINER

10. E-mail Address: basareperto cortes@hotmail.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., 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 constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Katherine Ivonne Reyes — 2-24-15 — 863-677-1626
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #