PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 OCT -1 PM 12:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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09-10 CR2B081 (8/10)

DOCUMENT # P08000064585

1. Corporation Name
ASIA 3301 COPR.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
2742 S.W. 8 Street	2742 S.W. 8 Street
Suite, Apt. #, etc. 201	Suite, Apt. #, etc. 201
City & State MIAMI FLORIDA	City & State MIAMI FLORIDA
Zip 33135 Country USA	Zip 33135 Country USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 26-2943078 ☐ 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: CLARA RIVADENEIRA

Street Address (P.O. Box Number is Not Acceptable): 2742 S.W. 8 Street

Suite, Apt. #, Etc.: 201

City: MIAMI State: FL Zip Code: 33135

REINSTATEMENT

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: Clara Rivadeneira Date: 09-30-2010
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
P	ERNESTINA BEJARANO	2742 S.W. 8 Street #201	MIAMI FLORIDA 33135

10. E-mail Address: _____
(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: _____ 09-30-2010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #