PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
09 OCT 12 AM 8:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P08000079152

1. Corporation Name

ARIANAL INVESTMENTS CORPORATION

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
2 Grove Isle Drive	(same as #2)
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Apt. #B-809	
City & State	City & State
Miami, Florida	
Zip / Country	Zip / Country
33133 / US	

CR2E081 (12/08)

4. Date Incorporated or Qualified To Do Business in Florida: 8/26/2008

5. FEI Number: None — Applied For ☐ Not Applicable ☒

6. CERTIFICATE OF STATUS DESIRED ☒ (0.625 Additional Fee required for a Certificate of Status)

7. Name and Address of Current Registered Agent

Name: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 S. Pine Island Rd.

Suite, Apt. #, Etc.:

City: Plantation | State: FL | Zip Code: 33324

☒ 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 617.0505, F.S.

Signature of Registered Agent: Barbara A. Burke — Barbara A. Burke Special Assistant Secretary — Date: 10/9/09

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	Tommaso Graziano	2 Grove Isle Dr. #809	Miami, Florida 33133
VSD	Maria Del Rosario Lacayo De Graziano	2 Grove Isle Dr. #809	Miami, Florida 33133
	REINSTATEMENT		

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: Tommaso Graziano, Pres. — 10/9/2009 — (305) 856-3226

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

Florida Department of State
Division of Corporations
Public Access System

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CORPORATION REINSTATEMENT

ARIANAL INVESTMENTS CORPORATION

Certificate of Status	0
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