PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2013 OCT 30 PM 2:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (11/10)

DOCUMENT #

1. Corporation Name

P10000077511
Centuria Investment Group, Inc

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
701 Brickell Ave.	701 Brickell Ave.
Suite, Apt. #, etc.: # 1550	Suite, Apt. #, etc.: # 1550
City & State: Miami, FL	City & State: Miami, FL
Zip: 33131 Country: USA	Zip: 33131 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 9/22/2010

5. FEI Number: 27-3508904 ☐ 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: Jorge A. Gonzalez
Street Address (P.O. Box Number is Not Acceptable): 701 Brickell Avenue
Suite, Apt. #, Etc.: Suite 1550
City: Miami State: FL Zip Code: 33131

500253343975
10/30/13--01001--021 **908.75

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 _____ Date 10/29/13
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	Oneida Dunnam	701 Brickell Ave, # 1550	Miami, Fl. 33131
VP	Lourmary Del valle Pernia	701 Brickell Ave., # 1550	Miami, Fl. 33131
S	Leonela Garcia	701 Brickell Ave., #1550	Miami Fl. 33131
T	AIALA, Inc.	701 Brickell Ave, #1550	Miami, Fl. 33131
	REINSTATEMENT 2012 / 13		S. HAWKES OCT 30 2013

10. E-mail Address: _____ (To be used for future annual report notification) EXAMINER

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: _____ 10/29/13 (786) 693-0503
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #