

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

14 JAN 27 AM 11:22

DOCUMENT # PL3000053283

1. Corporation Name

Umami Investments Group Inc

**FILING CANCELLED
RETURNED CHECK**

2. Principal Office Address - No P.O. Box #

141 Giralda Ave

Suite, Apt. #, etc.

City & State

Coral Gables, FL

Zip

33134

Country

US

3. Mailing Office Address

141 Giralda Ave

Suite, Apt. #, etc.

City & State

Coral Gables, FL

Zip

33134

Country

US

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

06/19/2013

5. FEI Number

46-3010681

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

CMS INTERNATIONAL ENTERPRISES, INC

Street Address (P.O. Box Number is Not Acceptable)

550 BILTMORE WAY

Suite, Apt. #, Etc.

STE 200

City

Coral Gables

State

FL

Zip Code

33143

500255997915
01/27/14--01003--001 **750.00

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

REGISTERED AGENT MUST SIGN

President

CMS International Ent.

Date

1/21/14

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	Guillermo Lesassier	141 Giralda Ave	Coral Gables, FL, 33134

10. E-mail Address: csamlut@samlut.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:

SIGNATURE AND PRINTED OR TYPED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #