PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 FEB -4 PM 4:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P33665

1. Corporation Name
Chambord Properties Ltd. Inc.

551 Fifth Avenue, Suite 417
c/o Lopez & Romero, A.P.C.

REINSTATEMENT 2-2-05

2. Principal Office Address		**3.** Mailing Office Address	
551 Fifth Avenue, Suite 417		551 Fifth Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 417		Suite 417	
City & State		City & State	
New York, N.Y.		New York, N.Y.	
Zip	Country	Zip	Country
10176	USA	10176	USA

4. Date Incorporated or Qualified To Do Business in Florida: April 22, 1991

5. FEI Number: 13-3225862 ☐ 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
CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

200044800732
01/14/05--01053--001 **255.00

Suite, Apt. #, Etc.

City	State	Zip Code
Plantation	FL	33324

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: C T Corporation System — Michael J. Mitchell, Assistant Secretary — Date: December 30, 2004

REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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
D/P/T	LUIS ALFREDO ROMERO	551 FIFTH AVENUE, SUITE 417	NEW YORK, N.Y. 10176
D/S	MARTA E. LOPEZ	551 FIFTH AVENUE, SUITE 417	NEW YORK, N.Y. 10176

SD0046418535
02/11/05--01011--013 **150.00

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 under section 119.07(3)(i), 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: Luis Alfredo Romero 12/28/04 (212) 661-3691

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