PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
14 FEB 18 PM 12:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P930000005300

1. Corporation Name

FRANCO INVESTMENTS, INC.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1600 NW 165th Street	1600 NW 165th Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, FL	City & State: Miami, FL
Zip: 33169 Country: USA	Zip: 33169 Country: USA

09-14 CR2E081 (11/10) $1800.00

4. Date Incorporated or Qualified To Do Business in Florida: January 19, 1993

5. FEI Number: 65-0411262 ☐ 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: ABE FRANCO

Street Address (P.O. Box Number is Not Acceptable): 1600 NW 165th Street

Suite, Apt. #, Etc.:

City: Miami State: FL Zip Code: 33169

REINSTATEMENT

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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: Abraham Franco Date: 2/14/14
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
PD	Abraham Franco	1600 NW 165th Street	Miami, FL 33169

FEB 18 2014
S. PRATHER

10. E-mail Address: abe@mlasouv.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: Abraham Franco 2/14/14 305-219-2854
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #