APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE
APPROVED AND FILED
97 MAY 27 AM 10:49
SECRETARY OF STATE

1. Name and Mailing Address of Corporation: DOCUMENT # P93000025927

GLORIA INVESTMENT ENTERPRISES, INC.
645 N.W. 123rd Avenue
Miami, Florida 33182

2. If Address in Block 1 is incorrect in any way, enter the correct address below. The NAME of the corporation can be changed only by filing an amendment.

Address

Address

City and State

Zip Code

REINSTATEMENT 96-97

A. Alan 5/27/97

3. Date Incorporated or Qualified To Do Business in Florida: April 8, 1993

4. FEI Number: 65-0400532

FEI Number Applied For ☐
FEI Number Not Applicable ☐

5. [redacted] CERTIFICATE OF STATUS DESIRED ☐

6. Names and Street Addresses of Each Officer and/or Director

1 Title	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City and State
Pres	Gloria C. Conzalez	645 N.E. 123rd Avenue	Miami, Florida 33182
Sec-Tre	Julio Cesar Patarroyo	645 N.E. 123rd Avenue	Miami, Florida 33182

100002195371--5
05/29/97 01116 004
****915.00 ****915.00

[redacted]

7. Name and Address of Current Registered Agent

Gloria C. Gonzalez
645 N.W. 123rd Avenue
Miami, Florida 33182

8. Name and Address of New Registered Agent and/or Office

Name

Street Address (Do NOT Use P.O. Box Number)

Street Address (Do NOT Use P.O. Box Number)

City and State: FL. Zip

9. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: G Gonzalez — REGISTERED AGENT MUST SIGN — Date: 5/27/97

10. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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. 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 of Officer or Director: G Gonzalez — Date: 5/27/97 — Daytime Phone # (305) 225-1397

Typed or printed name of signing officer or director