PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 OCT 20 PM 1:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000034731

1. Corporation Name

AGAXTUR ENTERPRISES, INC.

2. Principal Office Address		**3.** Mailing Office Address	
999 Ponce de Leon Blvd.		999 Ponce de Leon Blvd.	
Suite, Apt. #, etc. Suite 625		Suite, Apt. #, etc. Suite 625	
City & State Coral Gables, Fl		City & State Coral Gables, Fl	
Zip 33134	Country U.S.	Zip 33134	Country U.S.

CR2E081 (12/05) 05-06

4. Date Incorporated or Qualified To Do Business in Florida 05/13/1993

5. FEI Number 650409842 ☐ 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: Carlos M. Farah CPA

Street Address (P.O. Box Number is Not Acceptable): 999 Ponce de Leon Blvd.

Suite, Apt. #, Etc.: Suite 625

City: Coral Gables, State: FL Zip Code: 33134

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: Carlos Farah, CPA — Date: 10/18/2006

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	Leone, Aldo	251 Crandon Blvd # 835	Key Biscayne, Fl.
VP	Leone, Olga Maria	251 Crandon Blvd # 835	Key Biscayne, Fl.
VP	Leone, Marcelo	251 Crandon Blvd # 835	Key Biscayne, Fl.
	10/25		000081058190 10/20/06--01008--013 **900.00

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 contained in Chapter 119, 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: X _____ 10/18/06 305-444-0999

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