PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 13 AM 10:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P93000047162*

1. Corporation Name

AMARETTO 13 CORPORATION

300023749213
10/13/03--01059--019 **150.00

2. Principal Office Address	**3.** Mailing Office Address
104 Crandon Boulevard	*104 Crandon Boulevard*
Suite, Apt. #, etc. *Suite 320*	Suite, Apt. #, etc. *Suite 320*
City & State *Key Biscayne, Florida*	City & State *Key Biscayne, Florida*
Zip *33149* / Country *USA*	Zip *33149* / Country *USA*

4. Date Incorporated or Qualified To Do Business in Florida *07/06/1993*

5. FEI Number *65-0431176* ☐ 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: *Alvaro Castillo B. P.A.*

Street Address (P.O. Box Number is Not Acceptable): *1390 Brickell Avenue*

Suite, Apt. #, Etc.: *Suite 200*

City: *Miami.* State: **FL** Zip Code: *33131*

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 _____ Date *10-7-03*

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
D/P	Federico Brevé T.	104 Crandon Blvd. Suite 320	Key Biscayne, FL 33149
D/V	Maritza Breve	104 Crandon Blvd. Suite 320	Key Biscayne, FL 33149
D/S	Monique Breve	104 Crandon Blvd. Suite 320	Key Biscayne, FL 33149
D/T	Federico Breve M.	104 Crandon Blvd. Suite 320	Key Biscayne, FL 33149
D	Eduardo X. Pereira	104 Crandon Blvd. Suite 320	Key Biscayne, FL 33149

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: _____ Federico Breve, Pres. 10-7-03 (305) 371-5540

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