2006 FOR PROFIT CORPORATION REINSTATEMENT

SIGNATURE: _

FILED DOCUMENT # P93000052060 06 MAY 16 AM 8: 17 WASHINGTON INVESTMENTS, INC. SECRELARY OF STATE Principal Place of Business Mailing Address TALLAHASSEE, FLORIDA 6 WEST 14TH STREET., 3RD FLOOR **HERZFELD & RUBIN** NEW YORK, NY 10013 C/O BRUCE BOIKO, ESQ. -80 SW 8TH ST. #1920 MIAMI, FL 33130 2. Principal Place of Business Mailing Address ADORNO 4 YOSS 520 BROADWAY Bluce Borko 2525 Poncede Non Suite, Apt. #, etc. Suite Apt # etc SUITE 400 1TH FLOOR ity & State City & State 4. FEI Number Applied For 13-3726548 Jew Not Applicable 33134 USA. \$8.75 Additional 5. Certificate of Status Desired X USA 0012 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BRUCE И BOIKO, BRUCE M ESQ O. Box Number is Not Acceptable) ONCE de Leon Bou 80 S.W. 8TH STREET., STE 1920 MIAMI, FL 33131 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familia the obligations of registered agent. Sauce M. Boiko Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Ac nature required when reinstating) FILE NOW!!! FEE IS \$900.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Delete TITLE TITLE Change Addition DES ROYS, ETIENNE NAME NAME 1501 3RD AVENUE STREET ADDRESS STREET ADDRESS NEW YORK, NY 10028 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition CHIN, SALLY NAME NAME STREET ADDRESS 6W 14 STREET - 3RD FLOOR STREET ADDRESS CITY-ST-ZIP NEW YORK, NY 10011 CITY-ST-ZIP Delete TITLE TITLE ☐ Addition VALENZUELA, EVE NAME NAME 6.W. 14 STREET - 3RDD FLOOR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NEW YORK, NY 10011 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME 70007521639 05/25/06--01002--010 ** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Detete TIT! F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNING OFFICER OR DIRECTOR