PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 AUG 20 PM 3:29

200004559862--8
-08/28/01--01053--001
****900.00 ****900.00

REINSTATEMENT 00-01

DOCUMENT # P93000062540

1. Corporation Name
Bodrum Investments, Inc.

2. Principal Office Address		**3.** Mailing Office Address	
c/o George Zamora, Esq.		c/o Antonio R. Zamora, Esq.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
3191 Coral Way		201 S. Biscayne Blvd., #2500	
City & State		City & State	
Miami, Florida		Miami, Florida	
Zip 33145	Country USA	Zip 33131	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 09/02/93

5. FEI Number 65-0451791 ☐ 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
Antonio R. Zamora, Esq.

Street Address (P.O. Box Number is Not Acceptable)
201 S. Biscayne Boulevard

Suite, Apt. #, Etc.
Suite 2500

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 _____ REGISTERED AGENT MUST SIGN Date 8/17/01

CR2E061 (9/00)

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
P/D	Antonio R. Zamora	201 S. Biscayne Blvd., #2500	Miami, FL 33131
S	George Zamora	3191 Coral Way, 3rd Floor	Miami, FL 33145
D	Maria Josefina Diciancia	201 Crandon Blvd., Apt. 200	Key Biscayne, FL 33149
D	Maria Laura Diciancia	201 Crandon Blvd., Apt. 200	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: _____ 8/17/01 (305) 379-5574
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #