CORPORATION REINSTATEMENT 03-04

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000052153

1. Corporation Name
ANALIA GROUP INC.

FILED
04 MAY -3 PM 6:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
700035164277
05/03/04--01015--017 **900.00

2. Principal Office Address	3. Mailing Office Address
1110 Brickell Ave.	1110 Brickell Ave
Suite, Apt. #, etc. 818	Suite, Apt. #, etc. 818
City & State MIAMI FL	City & State MIAMI FL
Zip 33131 Country USA	Zip 33131 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 1994

5. FEI Number 65-0506607 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $30.00 Additional Fee required for all Certificates of Status

7. Name and Address of Current Registered Agent

Name: Analia Siele

Street Address (P.O. Box Number is Not Acceptable): 2231 Tiger Tail Ave

Suite, Apt. #, Etc.:

City: MIAMI State: FL Zip Code: 33133

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 _____
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
P	ANALIA SIELE	2231 TIGER TAIL AVE MIAMI FL 33133	MIAMI FL 33133
		REINSTATEMENT 03-04	

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: _____ 4-26-04 305-375-8444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #