PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

01-0

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 JUN 23 AM 11:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000071640

1. Corporation Name: Sentra Investments

2. Principal Office Address: 3971 N.W. 188 St.
Suite, Apt. #, etc.:
City & State: Carol City, FL
Zip: 33055 Country: Miami-Dade

3. Mailing Office Address: P.O. Box 55-2014
Suite, Apt. #, etc.:
City & State: Miami FL
Zip: 33055 Country: Miami Dade

4. Date Incorporated or Qualified To Do Business In Florida: Sept. 1994

5. FEI Number: 65-0524404 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: George E Fitts
Street Address (P.O. Box Number is Not Acceptable): P.O Box 55-2014 3971 N.W 188 St. Carol City, FL 33055
000019504558 06/21/03--01018--006 **458.75
Suite, Apt. #, Etc.:
City: Miami FL 33055 State: FL Zip Code:

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: X [signature] REGISTERED AGENT MUST SIGN Date: 5-19-2003

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
Pres	George E Fitts	PO Box 552014 Miami FL 33055	3971 N.W. 188 St. Carol City, FL 33055

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: X [signature] 5-19-2003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

SENTRA INVESTMENTS
P.O. BOX 55 – 2014
MIAMI FLORIDA 33055
305-620-6888

May 15th, 2003

Division of Corporation
Tallahassee, Florida

To Whom It May Concern:

This letter is a request to re-instate my Florida Corp. ID # 65 – 0524404 for Sentra Investments. I am aware that I must complete and file my report on a yearly basis. I fail to file the report in the year of 2002 because I never receive the report.
I am requesting that you up-date my records to address all mail to

Sentra Investments
C/o George E. Fitts
P. O. Box 55 – 2014
Miami, Florida 33055

Please see check # 2845 in the amount of $458.75 for re-instatement.

Thank You,

George E. Fitts