PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 OCT 25 PM 4:02

DOCUMENT # P94000075074

1. Corporation Name

MACH INVESTMENTS, INC.

Principal Place of Business	Mailing Address
~~5401 COLLINS AVENUE~~ ~~#934~~ ~~MIAMI BEACH FL 33140~~	~~5445 COLLINS AVE~~ ~~TH #6~~ ~~MIAMI FL 33140~~ US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
407 Lincoln Rd	
Suite, Apt. #, etc.: Suite 5-B	Suite, Apt. #, etc.: ← Same
City & State: Miami Beach FL	City & State: ← Same
Zip: 33139 Country: Dade	Zip: Country:

4. Date Incorporated or Qualified To Do Business in Florida: 10/12/1994

5. FEI Number: 65-0527162 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75-Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PS	ROMERO, MIGUEL ANGEL C	~~5401 COLLINS AVE APT #934~~	MIAMI BEACH FL 33140
		P.O. Box 402574	Miami Beach FL 33140
			06-30-00 90001 015 $150.00

8. Name and Address of Current Registered Agent

ARVESU, MANUEL M ESQ
2000 S DIXIE HWY SUITE 200
MIAMI FL 33133

9. Name and Address of New Registered Agent

Name: Arvesu Manuel M. ESQ.
Street Address (P.O. Box Number is Not Acceptable): 801 ALHambra Circle
Suite, Apt. #, Etc.: SUITE 502
City: Coral Gables State: FL Zip Code: 33134

CR2E040 (8/00)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: SIGNATURE REQUIRED Date: 10/24/2000
REGISTERED AGENT MUST SIGN

11. 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: SIGNATURE REQUIRED 10/15/2000 305 8612979
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0038443 AE

(2)

MACH Investments, Inc
407 Lincoln Rd
Site-5-B
Miami Beach, FL 33139

Division of Corp.
Annual Reporting/Reinstatement
P.O. Box 6327
Tallahassee, FL 32314-6327

Dear Sir / Madam

The purpose of this letter is to explain the reason why we never mailed our payment on time. Mainly we changed address and we never recieved your first notice and since then no other correspondance. we did mail out a check for $150.00 dated June 4, 2000 which was cashed by your dept. (enclosed please find a copy). We spoke to Lesly on the 16 of october, 2000 and she adviced us to put this in writing.

Sincerely

Miguel Cabrera

10/15/2000