H02000047685 1 PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

02 MAR -1 PM 8:16

DOCUMENT # P94000075074

1. Corporation Name

MACH INVESTMENTS, INC.

Principal Place of Business / Mailing Address

407 Lincoln Road
Suite S-B
Miami Beach, Florida 33139

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

REINSTATEMENT 01-02

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
5445 Collins Avenue	5445 Collins Avenue
Suite, Apt. #, etc. TH-5	Suite, Apt. #, etc. TH-5
City & State Miami Beach, Fl. 33140	City & State Miami Beach, Fl. 33140
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida

6. FEI Number 65-0527162 (Applied For / Not Applicable)

8. CERTIFICATE OF STATUS DESIRED ☐

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PS	Romero Miguel Angel C	P.O. Box 402574	Miami Beach, Fl. 33140
VP	Gerardo Ponce	P.O. Box 402574	Miami Beach, Fl. 33140

3/1/04

9. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
	Name: Romero Miguel Angel C Street Address (P.O. Box Number is Not Acceptable): 5445 Collins Avenue TH-S Suite, Apt. #, Etc.: City: Miami Beach, State: FL, Zip Code: 33140

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 _____ Date March 01, 2002
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☑ (See other side for information on intangible tax.)

12. I certify that I am an officer or director of the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that upon 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: _____ 03/01/02. (305)8612974
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

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To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

CORPORATION REINSTATEMENT

MACH INVESTMENTS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
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