PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 JUL -8 AM 12:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000087634

1. Corporation Name

GOOD VISION INVESTMENTS, INC.

2. Principal Office Address	**3.** Mailing Office Address
220 MIRACLE MILE	220 MIRACLE MILE
Suite, Apt. #, etc.: SUITE 206	Suite, Apt. #, etc.: SUITE 206
City & State: CORAL GABLES, FL	City & State: CORAL GABLES, FL
Zip: 33134 Country: U.S.A.	Zip: 33134 Country: U.S.A.

4. Date Incorporated or Qualified To Do Business In Florida: 12/2/1994

5. FEI Number: 65-0564439 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: LEONOR M LEAL

Street Address (P.O. Box Number is Not Acceptable): 220 MIRACLE MILE

300083810593
07/19/04--01063--008 **150.00

Suite, Apt. #, Etc.: SUITE 206

City: CORAL GABLES State: FL Zip Code: 33134

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0502, F.S.

Signature of Registered Agent: Leonor M Leal Date: 7/6/04
REGISTERED AGENT MUST SIGN

CR2E031 (01/04)

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
PD	MEDINA-PEREZ, MARIA L	9830 SW 163 STREET	MIAMI, FL 33157
D	MEDINA, MARCOS A	9830 SW 163 STREET	MIAMI, FL 33157

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: MARCOS A MEDINA 7-5-2004 787-747-1915
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #