PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE CORPORATION 08 AUG 25 AH II: 47 Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS ALLAHASSEE, FLORIDA DOCUMENT # P95000000624 ROCHE HOLDINGS, INC. REINSTATEMENT 06-03 3. Mailing Office Address 2. Principal Office Address - No P.O. Box # 80 S.W. 8TH STREET 777 BRICKELL AVENUE Suite, Apt. #, etc. Suite, Apt. #, etc. Date Incorporated or Qualified To Do Business in Florida **SUITE 1010 SUITE 3100 JANUARY 4, 1995** City & State City & State 5. FEI Number Applied For MIAMI, FLORIDA MIAMI 65-0544450 Not Applicable Zip Zip Country Country \$8.75 Additional Fee required for a Certificate of Status CERTIFICATE OF STATUS DESIRED 33131 US FL 33130 7. Name and Address of Current Registered Agent The reinstatement fee is imposed, except in GEORGE BEFELER, ESQ. circumstances which the entity did not receive Street Address (P.O. Box Number is Not Acceptable) the prior notices. By checking this box, you 80 S.W. 8TH STREET are certifying the prior notices were not Suite, Apt. #, Etc. SUITE 3100 received and requesting the reinstatement fee be waived. 300134916938 08/25/08--01061--004 **10 City Zip Code MIAMI 33130 **1050.00 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 REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director Name of Officers and/or Directors Titles City / State / Zip HERNANDO DE LA ROCHE MIAMI, FLORIDA 33131 777 BRICKELL AVENUE, STE 1010 D VΡ 777 BRICKELL AVENUE, STE 1010 MIAMI, FLORIDA 33131 **ALVARO SABORIO** s 777 BRICKELL AVENUE, STE 1010 MIAMI, FLORIDA 33131 **TERRY ESTEFAN** MIAMI, FLORIDA 33131 777 BRICKELL AVENUE, STE 1010 HERNANDO DE LA ROCHE 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 filling 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 contained in Chapter 119, F.S. The information indicated

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on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HERNANDO

SIGNATURE:

DE LA

305 9824616

Daytime Phone #