PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION** Sandra B. Mortham FOR Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS 97 MAR 18 PM 12: 37 DOCUMENT # P95000019024 SECRETARY OF STATE 1. Corporation Name TATTAHÁSSEÉ FLORÍDA COMPANIA DE REPRESENTACIONES INC. Principal Place of Business Mailing Address 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 Address, If Applicable Date Incorporated or Qualified To Do Business in Florida 9300 S. Dadeland Boulevard Suile, Apt #, etc. 9300 S. Dadeland Boulevard Suite, Apt. #, etc. 3/8/95 5. FEI Number Applied For Suite 512 City & State Suite 512 Not Applicable 65-0561348 Miami, Florida Miami, Florida \$8.75 Additional Fee required Country Country CERTIFICATE OF STATUS DESIRED T for a Certificate of Status U.S.A. 33156 33156 33156 7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) City / State / Zip Title(s) and/or Directors Robert Parra 9300 S. Dadeland Blvd., #512 Miami, Florida 33156 P/D 00002117831-03/19/97--01053--014 \*\*\*\*923.75 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name Robert Parra
Street Address (P.O. Box Number is Not Acceptable) 9300 S. Dadeland Boulevard Suite, Apt. #, Etc. Suite 512 Zip Code Miami, 33156 10 I, being appointed the gent of the abovy numed corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent HEGISTERED AGENT MUST SIGN 11. Does this corporation pay any intangible tax to the (See other side for information on intangible tax.) Dept. of Revenue under S. 199.032, Florida Statutes. Yes x 12 I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any hability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that are an officer or director of the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, E.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, E.S., and that all less oved by the corporation have 05 in large. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made this reinstatement application the reason less owed by the corporation have been under oath

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR