

DEC-04-01 12:46 From:AKERMAN SENTERFITT

3053745095

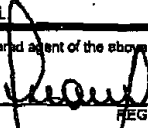
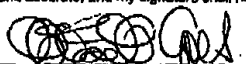
T-522 P.02/02 Job-026

FAX AUDIT NO: H01000118738

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 DEC 18 PM 4:00

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000020309					
1. Corporation Name KIWI INVESTMENTS, INC.					
2. Principal Office Address 8320 Heritage Club Dr.			3. Mailing Office Address 8320 Heritage Club Dr.		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State West Palm Beach, FL			City & State West Palm Beach, FL		
Zip 33412	Country U.S.A.	Zip 33412	Country U.S.A.	4. Date Incorporated or Qualified To Do Business in Florida 03/13/95	
				5. FEI Number 65-0606696	Applied For Not Applicable
				6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name Paulo Miranda					
Street Address (P.O. Box Number is Not Acceptable) o/o Akerman Senterfitt, One S.E. 3rd Avenue					
Suite, Apt. #, Etc. 28th Floor					
City Miami		State FL		Zip Code 33131	
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  Paulo Miranda Date 12-4-01					
REGISTERED AGENT MUST SIGN					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip	
D/P	Mario Goes	Av. Rio Branco 25, 18th Floor		Rio de Janeiro, Brazil	
S/T	Xenia Goes	Av. Rio Branco 25, 18th Floor		Rio de Janeiro, Brazil	
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)(b), 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: 		Mario Goes		Date 12-4-01 (305) 7555802	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

97-01

REINSTATEMENT

(305) 7555802

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Division of Corporations

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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: *Angie Calabrese*
Account Name : AKERMAN, SENTERFITT & BIDSON, P.A.
Account Number : 075471001363
Phone : (305) 374-5600
Fax Number : (305) 374-5095

CORPORATION REINSTATEMENT

KIWI INVESTMENTS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$1,350.00