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

97-01

REINSTATEMENT

1. Corporation Name
KIWI INVESTMENTS, INC.

2. Principal Office Address	3. Mailing Office Address
8320 Heritage Club Dr.	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): c/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)

Titles	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)(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: Mario Goes 12-4-01 (305) 7555802
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: Angie Calabrese
Account Name : AKERMAN, SENTERFITT & EIDSON, 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