PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 APR 15 PM 11:10
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P95000063429

1. Corporation Name
Advance International Investment, Inc.

100175136141
04/09/10--01003--026 **300.00
CR2E081 (11/09)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
7955 Coral Way	7955 Coral Way
Suite, Apt. #, etc. B	Suite, Apt. #, etc. B
City & State Miami, Florida	City & State Miami, Florida
Zip 33155 Country USA	Zip 33155 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 8/14/95

5. FEI Number 650637772 ☐ 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: Yoel Damas

Street Address (P.O. Box Number is Not Acceptable): 241 SW 68th Avenue

Suite, Apt. #, Etc.

City: Miami | State: FL | Zip Code: 33144

☑ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: Yoel Damas — Date: 4/13/10

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
P	Pablo P. Damas	241 SW 68th Avenue	Miami, FL 33144
VP	Leonides C. Damas	241 SW 68th Avenue	Miami, FL 33144

10. E-mail Address: advanceinvest@yahoo.com
(To be used for future annual report notification)

11. 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. I further certify, 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: Yoel Damas — 4/13/10 — 305-262-3939

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Welcome APR 15 2010