PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 APR 25 PM 3:04

DOCUMENT # P96000031358 (0)

1. Corporation Name

CARLYLE INVESTMENT GROUP, INC

REINSTATEMENT

98-00

2. Principal Office Address		**3.** Mailing Office Address	
236 VALENCIA AVE		236 VALENCIA AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
CORAL GABLES FL		CORAL GABLES FL	
Zip	Country	Zip	Country
33134	USA	33134	USA

4. Date Incorporated or Qualified To Do Business in Florida 4/10/96

5. FEI Number 65-0730889 ☐ 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: CARLOS E SILVA

600003230546--2
-05/01/00--01013--012
1050.00--1050.00-

Street Address (P.O. Box Number is Not Acceptable): 236 VALENCIA AVE

Suite, Apt. #, Etc.:

City: CORAL GABLES | State: FL | Zip Code: 33134

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: Carlos E Silva — REGISTERED AGENT MUST SIGN

Date: 4/19/00

CR2E081 (9/99)

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
PDV	SILVA, CARLOS E	236 VALENCIA AVE	CORAL GABLES FL 33134
DVSM	SILVA, JORGE E	236 VALENCIA AVE	CORAL GABLES FL 33134

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: Carlos E Silva — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/19/00

Daytime Phone #: 305-445-0011