PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| APPLICATION |
|---------------|
| FOR |
| REINSTATEMENT |



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

FILED

00 JUN 20 PM 2: 12

SECRETARY OF STATE FALLAPIASSEE, FLORIDA

| FOR REINSTATEMENT | | Secretary of State | | |
|-----------------------------|---------------|--------------------|-----|---|
| DOCUMENT # P | 96000042321 | | , | 7 |
| TIRE. | NET INCORPORA | \TED | . 1 | |
| Principal Place of Business | Mailing | Address | | |

| Zip | Country | MIAMI, FLORID | | 6. CERTIFICATE OF STATUS DESIRED S | Not Applicable 8.75 Additional Fee require for a Certificate of Status | | |
|--|----------|--|--|------------------------------------|--|--|--|
| City & State | | City & State | | 090070034 | No. Ameliantia | | |
| | | Suite Apr. #, etc. STE. 3000 | | 5. FEI Number 650678852 | | | |
| Suite, Apt. #, etc. | <u> </u> | | | • | 7/96 | | |
| 2. New Principal Office Address, If Applicable | | 3. New Mailing Address, Il Applicable 701 BRICKELL AVENUE | | Date Incorporated or Qualified | | | |
| | | hrough incorrect information and ente | | DO NOT WRITE IN THIS | SPACE | | |
| | | | | 1 | | | |
| MIAMI, FL | 33147 | MIAMI, FL 3 | | | | | |

| ZIP | Country | 33131 | Country | | CERTIFICATE | OF STATUS DES | | rtificate of Status | | |
|---------------|---|--------------------------|-----------------------|---|----------------|--------------------|---|----------------------------------|--|--|
| 7. Names a | and Street Addresses of Each Officer and/ | or Director (Florida non | profit corporations r | must list at leas | t 3 directors) | - · · · · | | | | |
| Title(s) | Name of Officers and/or Directors 2 | _ 3 | | dress of Each nd/or Director at Office Box Nu | ımbers) | City / State / Zip | | (ip | | |
| DCEO C&COO | GONZALEZ, ANTONIO | O R. 74 | 34 S.W. | 93RD CC | URT | MIAMI, | FLORIDA | 33173 | | |
| DPST | HERRAN, AGUSTIN | 81: | 21 S.W. | 198тн s | STREET | MIAMI, | FLORIDA | 33189 | | |
| CFO | OLIVARES, ALBERTO |) 669 | 95 M.W. | 3.6TH AV | | | FLORIDA | 33147 | | |
| | | | | | 20 | -07/09 | 31232 5/0001008 50.00 *** | 23 001 1 050.00 | | |
| E. | | | | <u>Peru</u> | | PROM 12 PROM | | TS | | |
| , | | | | ren | HICH | emen | 48-0 | U_{\parallel} | | |

| <u>`^P</u> 1 | - |
|--|---|
| 8. Name and Address of Current Registered Agent | 9. Name and Address of New Registered Agent |
| INTRASTATE REGISTERED AGENT CORPORATION | Name |
| 701 BRICKELL AVENUE STE. 3000 | Street Address (P.O. Box Number is Not Acceptable) |
| MIAMI, FLORIDA 33131 | Suite, Apt. #, Etc. |
| | City State Zip Code |
| 10. I, being appointed the registered agent of the above named corporation, am familiar wit Signature of Registered Agent BY: STEVEN REGISTERED AGENT BY: STEVEN REGISTERED GENT MUST PORCES | CORPORATION Date |
| 11. Dées this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statu | e (See other side for information on intangible tax.) |

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 liability 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 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., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath under oath.

SIGNATURE:

| | LEON | C00 . |
|--|-------|-------|
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRI | ECTOR | |