PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
01 JUL -6 PM 12:39

CORPORATION REINSTATEMENT

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

DOCUMENT # P96000057532

1. Corporation Name

Two Guys Investment, INC.

W01A00014333

2. Principal Office Address	3. Mailing Office Address
4211 Lake Road.	4211 Lake RD.
Suite, Apt. #, etc. N/A	Suite, Apt. #, etc. N/A.
City & State Miami FL.	City & State Miami FL.
Zip 33137 Country Dade	Zip 33137 Country Dade

REINSTATEMENT 99-01

4. Date Incorporated or Qualified To Do Business in Florida 7-9-96 **SP**

5. FEI Number 650735108 ☐ 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: Juana M. ROS

Street Address (P.O. Box Number is Not Acceptable): 4211 Lake Road

Suite, Apt. #, Etc.: N/A.

City: Miami State: FL Zip Code: 33137

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: Juana M Ros Date: 5-31-01

REGISTERED AGENT MUST SIGN

CR2E081 (9/00)

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
Office Director	Juana M Ros	4211 Lake Road	Miami FL 33137
			200004478092--0 -07/17/01--01001--008 ***1050.00 ***1050.00

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: Juana M Ros 5-31-01 305 536-1112

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