PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

DOCUMENT # P96000072616

FILED
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. Corporation Name
Pipe Rehab. Technologies Miami Inc.

REINSTATEMENT $800

2. Principal Office Address	3. Mailing Office Address
4120 Laguna Street	Same
Suite, Apt. #, etc.: 200	Suite, Apt. #, etc.
City & State: Coral Gables, Florida	City & State
Zip: 33134 Country: U.S.A.	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 08-30-96

5. FEI Number: 65-0707118 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: Amerilawyer Chartered

Street Address (P.O. Box Number is Not Acceptable): 343 Almeria Avenue

Suite, Apt. #, Etc.:

City: Coral Gables, Florida 33134 State: FL Zip Code: 33134

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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: REGISTERED AGENT MUST SIGN Date:

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
/D	Robert Csillag	4120 Laguna Street, Suite200	Coral Gables 33134
ana-er	Henry Someillan	4120 Laguna Street, Suite200	Coral Gables 33134
ec/D	Andreina Aycart	4120 Laguna Street, Suite200	Coral Gables 33134
rea-urer	Andreina Aycart	4120 Laguna Street, Suite200	Coral Gables 33134

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 all fees owed by the corporation have been paid and all persons or individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. To the best of my knowledge, the information on this application is true and accurate and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Robert Csillag
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR Date

KE