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
01 NOV 20 PM 12:05

DOCUMENT # P96000072743

1. Corporation Name: Done Deal Holdings, INc.

REINSTATEMENT 98-01

2. Principal Office Address	3. Mailing Office Address
2972 A Aventura Blvd	2299 SW 27 Avenue
Suite, Apt. #, etc.: No. 206	Suite, Apt. #, etc.:
City & State: MIami, Florida	City & State: Miami, Florida
Zip: 33180 Country: Dade	Zip: 33145 Country: Dade

4. Date Incorporated or Qualified To Do Business In Florida: 09-03-96

5. FEI Number: 650739027 ☐ 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: DeFabio, JOel

100004706161--8
-12/05/01--01058--004
***1208.75 *** 208.75

Street Address (P.O. Box Number Is Not Acceptable): 2121 Ponce De Leon Blvd.

Suite, Apt. #, Etc.: S-430

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: [signature] REGISTERED AGENT MUST SIGN Date: 11-10-01

CR2E081 (10/01)

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
D	Rodriquez, Luis A	2972 A Aventura Blvd.	Aventura, Fl 33180

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: Luis A. Rodriguez 11-10-01 305-860-1001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #