

**CORPORATION
REINSTATEMENT****FLORIDA DEPARTMENT OF STATE**Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA**DOCUMENT #** P96000079823

1. Corporation Name

Edipell Investment Co., Inc.

2. Principal Office Address

300 East Fifth Ave.
Suite, Apt. #, etc.

3. Mailing Office Address

300 East Fifth Avenue
Suite, Apt. #, etc.

City & State

Boca Raton, Florida

Zip

33422

Country

City & State

Boca Raton, Florida

Zip

33422

Country

4. Date Incorporated or Qualified
To Do Business in Florida

9/24/1996

5. FEI Number

65-072 7223

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

Edith Pelletier
Edipell Investment Co., Inc.

Street Address (P.O. Box Number is Not Acceptable)

300 East Fifth Avenue

Suite, Apt. #, Etc.

City

Boca Raton

State
FL

Zip Code

33422

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

Edith Pelletier

Date June 5, 2001

REGISTERED AGENT MUST SIGN

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
Pres.	Edith Pelletier	300 East Fifth Avenue	Boca RATON, Fla 33422
Secy	Olga Huguez	300 East Fifth Avenue	Boca Raton, Fla 33422
			900004460969--2 -07/06/01--01014--012 *****600.00 *****600.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Edith Pelletier

Date

June 5, 2001

Daytime Phone #

718 937-8585