PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
01 APR 17 AM 11:21
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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****300.00 ****900.00

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******8.75 ******8.75

DOCUMENT # P96000099236

1. Corporation Name
Lamination, Inc.

2. Principal Office Address	3. Mailing Office Address
6405 NW 36 St	6405 NW 36 St
Suite, Apt. #, etc.: 202	Suite, Apt. #, etc.: 202
City & State: Miami, FL	City & State: Miami FL
Zip: 33166 Country: Dade	Zip: 33166 Country: Dade

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 65-0711895 ☐ 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: LUIS CAMEJO

Street Address (P.O. Box Number is Not Acceptable): 4898 NW 7 St.

Suite, Apt. #, Etc.:

City: Miami State: FL Zip Code: 33126

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: _____ Date: 4/13/01

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
P	Suzanne Guasch	540 Brickell Key Dr apt 1234	Miami FL 33131

REINSTATEMENT 2000-01

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: Suzanne Guasch. 4/13/01 (305) 979-6606

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