PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

06 MAY -9 AM 11:34

DOCUMENT # P97000041965

1. Corporation Name

ROLEY, INC.

2. Principal Office Address	3. Mailing Office Address
999 PONCE DE LEON BLVD	999 PONCE DE LEON BLVD
Suite, Apt. #, etc. SUITE 715	Suite, Apt. #, etc. SUITE 715
City & State CORAL GABLES, FLORIDA	City & State CORAL GABLES, FLORIDA
Zip 33134 Country USA	Zip 33134 Country USA

CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business In Florida 05-12-1997

5. FEI Number 65-0778666 ☐ 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 ARAGON REGISTERED AGENTS, INC.

000075105052
05/23/06 01054 003 +300.00

Street Address (P.O. Box Number is Not Acceptable) 999 PONCE DE LEON BLVD

Suite, Apt. #, etc. SUITE 715

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 _____ Date _____

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
D	MARCOS MANSUR	999 PONCE DE LEON BLVD SUITE 715	CORAL GABLES, FLORIDA 33134

REINSTATEMENT 2001-06

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 contained in Chapter 119, 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 — Date — Daytime Phone #

Williams MAY - 9 2006